

EXHIBIT 15

Schedule K-1
(Form 1065)

For calendar year 2011, or tax year beginning JAN 01, 2011 ending DEC 31, 2011
Department of the Treasury
Internal Revenue Service

Partner's Share of Income, Deductions, Credits, etc. ▶ See separate instructions.

Information About the Partnership

A Partnership's employer identification number
30-0596630

B Partnership's name, address, city, state, and ZIP code
South Eastern Holding and Invest LLC

3421 Preston Pointe Way
CUMMING GA 30041

C IRS Center where partnership filed return
Cincinnati

D ☐ Check if this is a publicly traded partnership (PTP)

Information About the Partner

E Partner's identifying number
-6147

F Partner's name, address, city, state, and ZIP code
Arkadiy Dubovoy

3374 Cedar Farm Ct

ALPHARETTA GA 30004

G ☒ General partner or LLC member-manager ☐ Limited partner or other LLC member

H ☒ Domestic partner ☐ Foreign partner

I What type of entity is this partner? Individual

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	95.000 %	95.000 %
Loss	95.000 %	95.000 %
Capital	95.002 %	95.001 %

K Partner's share of liabilities at year end:

Nonrecourse\$
Qualified nonrecourse financing\$
Recourse\$

L Partner's capital account analysis:

Beginning capital account\$	15,835.
Capital contributed during the year\$	
Current year increase (decrease)\$	(8,823.)
Withdrawals & distributions\$	()
Ending capital account\$	7,012.

☒ Tax basis ☐ GAAP ☐ Section 704(b) book
☐ Other (explain)

M Did the partner contribute property with a built-in gain or loss?

☐ Yes ☒ No

If "Yes", attach statement (see instructions)

For Paperwork Reduction Act Notice, see Instructions for Form 1065.

BCA

US1065K1

For IRS Use Only

*See attached statement for additional information.

Partner's Share of Current Year Income, Deductions, Credits, and Other Items			
1	Ordinary business income (loss) (8,823.)	15	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Foreign transactions
4	Guaranteed payments 19,225.		
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends		
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	17	Alternative minimum tax (AMT) items
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)	18	Tax-exempt inc. & nondeductible exp.
11	Other income (loss)		
		19	Distributions
12	Section 179 deduction		
13	Other deductions	20	Other information
14	Self-employment earnings (loss) A 10,402.		
	C 44,522.		

Schedule K-1 (Form 1065) 2011

EXHIBIT 16

**IR & S CORPORATION
3855 SHALLOWFORD RD STE 315
MARIETTA, GA 30062
(770) 693-5301
irikelman@irands.com**

September 11, 2012

BONI, INC
6495 SHILOH RD STE 400
ALPHARETTA, GA 30005

Dear Client,

We have prepared and enclosed your 2011 Form 1120S, U.S. Income Tax Return for an S Corporation for BONI, INC for the tax year ending December 31, 2011.

Your 2011 Form 1120S, U.S. Income Tax Return for an S Corporation for BONI, INC has been electronically filed.

No payment is due with this return.

Enclosed is the 2011 Form 600S, Georgia S Corporation Tax Return for BONI, INC.

Your 2011 Form 600S, Georgia S Corporation Tax Return for BONI, INC has been electronically filed.

You have a balance due of \$870.00. Listed below are the filing instructions for the PV CORP.

The due date of PV CORP, Georgia Corporate Payment Voucher, is March 15, 2012.

Include PV CORP and a check or money order in the amount of \$870.00, payable to "Georgia Department of Revenue." Write your Name and EIN on the check.

Mail to:
Georgia Department of Revenue
Processing Center
P.O. Box 740317
Atlanta, GA 30374-0317

We appreciate this opportunity to serve you. If you have any questions, please contact us.

Sincerely,

A handwritten signature in black ink, appearing to be 'Isaac Rikelman', written in a cursive style.

ISAAK RIKELMAN, EA

Form **8879-S****IRS e-file Signature Authorization
for Form 1120S**

OMB No. 1545-1863

2011Department of the Treasury
Internal Revenue ServiceFor calendar year 2011, or tax year beginning _____, 2011, ending _____
▶ See instructions. Do not send to the IRS. Keep for your records.

Name of corporation

BONI, INC

Employer identification number

0419

Part I Tax Return Information (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1120S, line 1e)	1	0.
2	Gross profit (Form 1120S, line 3)	2	0.
3	Ordinary business income (loss) (Form 1120S, line 21)	3	-37,711.
4	Net rental real estate income (loss) (Form 1120S, Schedule K, line 2)	4	
5	Income (loss) reconciliation (Form 1120S, Schedule K, line 18)	5	-7,484.

Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2011 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize IR & S CORPORATION to enter my PIN 90419 as my signature
ERO firm name do not enter all zeros
on the corporation's 2011 electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2011 electronically filed income tax return.

Officer's signature ▶  Date ▶ September 12 2012 Title ▶ PRESIDENT

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 58181773146
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub 3112, IRS e-file Application and Participation, and Pub 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 09/11/12

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-S (2011)

2011 S Corporation Return
prepared for:

BONI, INC
6495 SHILOH RD STE 400
ALPHARETTA, GA 30005

IR & S CORPORATION
3855 SHALLOWFORD RD STE 315
MARIETTA, GA 30062

Form **1120S**Department of the Treasury
Internal Revenue Service

U.S. Income Tax Return for an S Corporation

Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.
See separate instructions.

OMB No. 1545-0130

2011

For calendar year 2011 or tax year beginning

, 2011, ending

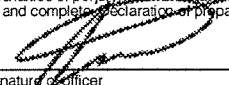
A S election effective date 07/01/07	TYPE OR PRINT	Name BONI, INC	D Employer identification number [REDACTED] 0419
B Business activity code number (see instrs) 523900		Number, street, and room or suite no. If a P.O. box, see instructions. 6495 SHILOH RD STE 400	E Date incorporated 05/07/98
C Check if Sch M-3 attached <input type="checkbox"/>		City or town, state, and ZIP code ALPHARETTA GA 30005	F Total assets (see instructions) \$ 2,946,063.

G Is the corporation electing to be an S corporation beginning with this tax year? Yes ☐ No ☒ If 'Yes,' attach Form 2553 if not already filed**H** Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change(4) ☐ Amended return (5) ☐ S election termination or revocation**I** Enter the number of shareholders who were shareholders during any part of the tax year 1**Caution.** Include **only** trade or business income and expenses on lines 1a through 21. See the instructions for more information.

I N C O M E	1 a Merchant card and third-party payments. For 2011, enter -0-	1 a	0.
	b Gross receipts or sales not reported on line 1a (see instructions)	1 b	
	c Total. Add lines 1a and 1b	1 c	0.
	d Returns and allowances plus any other adjustments (see instructions)	1 d	
	e Subtract line 1d from line 1c	1 e	0.
	2 Cost of goods sold (attach Form 1125-A)	2	
3 Gross profit. Subtract line 2 from line 1e	3	0.	
4 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)	4		
5 Other income (loss) (see instrs — att statement) STMT	5	-37,711.	
6 Total income (loss). Add lines 3 through 5.	6	-37,711.	
D E D U C T I O N S S E E I N S T R U C T I O N S	7 Compensation of officers	7	
	8 Salaries and wages (less employment credits)	8	
	9 Repairs and maintenance	9	
	10 Bad debts	10	
	11 Rents	11	
	12 Taxes and licenses	12	
	13 Interest	13	
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	14	
	15 Depletion (Do not deduct oil and gas depletion.)	15	
	16 Advertising	16	
	17 Pension, profit-sharing, etc, plans	17	
	18 Employee benefit programs	18	
	19 Other deductions (attach statement)	19	
	20 Total deductions. Add lines 7 through 19	20	
	21 Ordinary business income (loss). Subtract line 20 from line 6	21	-37,711.
T A X A N D P A Y M E N T S	22 a Excess net passive income or LIFO recapture tax (see instructions)	22 a	
	b Tax from Schedule D (Form 1120S)	22 b	
	c Add lines 22a and 22b (see instructions for additional taxes)	22 c	
	23 a 2011 estimated tax payments and 2010 overpayment credited to 2011	23 a	
	b Tax deposited with Form 7004	23 b	0.
	c Credit for federal tax paid on fuels (attach Form 4136)	23 c	
	d Add lines 23a through 23c	23 d	0.
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	24	
	25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed	25	0.
	26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid	26	
27 Enter amount from line 26 Credited to 2012 estimated tax <input checked="" type="checkbox"/> Refunded <input type="checkbox"/>	27		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer  Date September 12 2012 Title PRESIDENT

May the IRS discuss this return with the preparer shown below (see instructions)?

☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name ISAAK RIKELMAN, EA Preparer's signature ISAAK RIKELMAN, EA Date 09/11/12 Check ☐ if self-employed PTIN P00362923

Firm's name IR & S CORPORATION Firm's EIN 63-1162145

Firm's address 3855 SHALLOWFORD RD STE 315 MARIETTA GA 30062 Phone no. (770) 693-5301

BAA For Paperwork Reduction Act Notice, see separate instructions.

SPSA0112 12/12/11

Form 1120S (2011)

Form 1120S (2011) BONI, INC

0419

Page 2

Schedule B Other Information (see instructions)

	Yes	No
1 Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶ _____		
2 See the instructions and enter the: a Business activity. ▶ <u>BROKERAGE</u> b Product or service. ▶ <u>SERVICE</u>		
3 At the end of the tax year, did the corporation own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).) If 'Yes,' attach a statement showing: (a) name and employer identification number (EIN), (b) percentage owned, and (c) if 100% owned, was a qualified subchapter S subsidiary election made?		X
4 Has this corporation filed, or is it required to file, Form 8918 , Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
5 Check this box if the corporation issued publicly offered debt instruments with original issue discount ▶ <input type="checkbox"/> If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.		
6 If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions) ▶ \$ _____		
7 Enter the accumulated earnings and profits of the corporation at the end of the tax year. \$ _____		
8 Are the corporation's total receipts (see instructions) for the tax year and its total assets at the end of the tax year less than \$250,000? If 'Yes,' the corporation is not required to complete Schedules L and M-1		X
9 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If 'Yes,' see instructions		X
10 a Did the corporation make any payments in 2011 that would require it to file Form(s) 1099 (see instructions)?		X
b If 'Yes,' did the corporation file or will it file all required Forms 1099?		

Schedule K Shareholders' Pro Rata Share Items

	Total amount
1 Ordinary business income (loss) (page 1, line 21)	1 -37,711.
2 Net rental real estate income (loss) (attach Form 8825)	2
3 a Other gross rental income (loss) 3 a	
b Expenses from other rental activities (attach statement) 3 b	
c Other net rental income (loss). Subtract line 3b from line 3a 3 c	
4 Interest income 4	
5 Dividends: a Ordinary dividends 5 a	
b Qualified dividends 5 b	
6 Royalties 6	
7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S)) 7	33,517.
8 a Net long-term capital gain (loss) (attach Schedule D (Form 1120S)) 8 a	
b Collectibles (28%) gain (loss) 8 b	
c Unrecaptured section 1250 gain (attach statement) 8 c	
9 Net section 1231 gain (loss) (attach Form 4797) 9	
10 Other income (loss) (see instructions) Type ▶ 10	

Form 1120S (2011)

Form 1120S (2011) BONI, INC

0419

Page 3

Shareholders' Pro Rata Share Items (continued)		Total amount
Deductions	11 Section 179 deduction (attach Form 4562)	11
	12a Contributions Cash contribution (.50%)	12a 3,290.
	b Investment interest expense	12b
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c (2)
	d Other deductions (see instructions) Type ▶	12d
Credits	13a Low-income housing credit (section 42(j)(5))	13a
	b Low-income housing credit (other)	13b
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	13c
	d Other rental real estate credits (see instrs) Type ▶	13d
	e Other rental credits (see instrs) Type ▶	13e
	f Alcohol and cellulosic biofuel fuels credit (attach Form 6478)	13f
	g Other credits (see instructions) Type ▶	13g
Foreign Transactions	14a Name of country or U.S. possession ▶	
	b Gross income from all sources	14b
	c Gross income sourced at shareholder level Foreign gross income sourced at corporate level	14c
	d Passive category	14d
	e General category	14e
	f Other (attach statement) Deductions allocated and apportioned at shareholder level	14f
	g Interest expense	14g
	h Other Deductions allocated and apportioned at corporate level to foreign source income	14h
	i Passive category	14i
	j General category	14j
	k Other (attach statement) Other information	14k
	l Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14l
	m Reduction in taxes available for credit (attach statement)	14m
	n Other foreign tax information (attach statement)	
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a 16,025.
	b Adjusted gain or loss	15b
	c Depletion (other than oil and gas)	15c
	d Oil, gas, and geothermal properties — gross income	15d
	e Oil, gas, and geothermal properties — deductions	15e
	f Other AMT items (attach statement)	15f
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a
	b Other tax-exempt income	16b
	c Nondeductible expenses	16c
	d Distributions (attach stmt if required) (see instrs)	16d
	e Repayment of loans from shareholders	16e
Other Information	17a Investment income	17a
	b Investment expenses	17b
	c Dividend distributions paid from accumulated earnings and profits	17c
	d Other items and amounts (attach statement)	
Reconciliation	18 Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and lines 14l	18 -7,484.

BAA

Form 1120S (2011)

Form 1120S (2011) BONI, INC

0419

Page 4

Schedule L Balance Sheets per Books

		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		339.		339.
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts				
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach stmt)				
7	Loans to shareholders		80,230.		
8	Mortgage and real estate loans				
9	Other investments (attach statement) . Ln 9. St		5,144,361.		2,945,724.
10a	Buildings and other depreciable assets				
b	Less accumulated depreciation				
11a	Depletable assets				
b	Less accumulated depletion				
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization				
14	Other assets (attach stmt)				
15	Total assets		5,224,930.		2,946,063.
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach stmt) . Ln 18. St		0.		232,254.
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more		430,000.		1,290,954.
21	Other liabilities (attach statement)		1,000,000.		
22	Capital stock		100.		100.
23	Additional paid-in capital		3,836,086.		1,471,495.
24	Retained earnings		-41,256.		-48,740.
25	Adjustments to shareholders' equity (att stmt)				
26	Less cost of treasury stock				
27	Total liabilities and shareholders' equity		5,224,930.		2,946,063.

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note. Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more — see instructions

1	Net income (loss) per books	-7,484.	5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):		a	Tax-exempt interest \$	
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12, and 14i (itemize):		6	Deductions included on Schedule K, lines 1 through 12, and 14i, not charged against book income this year (itemize):	
a	Depreciation \$		a	Depreciation . . \$	
b	Travel and entertainment \$		7	Add lines 5 and 6.	
4	Add lines 1 through 3.	-7,484.	8	Income (loss) (Schedule K, ln 18). Ln 4 less ln 7	-7,484.

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1	Balance at beginning of tax year	10,201.	0.
2	Ordinary income from page 1, line 21		
3	Other additions * STMT	33,517.	
4	Loss from page 1, line 21	37,711.	
5	Other reductions * STMT	3,290.	
6	Combine lines 1 through 5	2,717.	0.
7	Distributions other than dividend distributions		
8	Balance at end of tax year. Subtract line 7 from line 6.	2,717.	0.

SPSA0134 06/03/11

Form 1120S (2011)

SCHEDULE D
(Form 1120S)Department of the Treasury
Internal Revenue Service**Capital Gains and Losses and Built-In Gains**

▶ Attach to Form 1120S.

▶ See separate instructions.

OMB No. 1545-0130

2011

Name

BONI, INC

Employer identification number

0419

Part I Short-Term Capital Gains and Losses — Assets Held One Year or Less

1	(a) Description of property (Example: 100 shares of Z Co)	(b) Date acquired (month, day, year)	(c) Date sold (month, day, year)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) (Subtract (e) from (d))
	From Schedule K-1 (Form 1065)					33,517.
2	Short-term capital gain from installment sales from Form 6252, line 26 or 37					2
3	Short-term capital gain or (loss) from like-kind exchanges from Form 8824					3
4	Combine lines 1 through 3 in column (f)					4 33,517.
5	Tax on short-term capital gain included on line 21 below					5
6	Net short-term capital gain or (loss). Combine lines 4 and 5. Enter here and on Form 1120S, Schedule K, line 7 or 10					6 33,517.

Part II Long-Term Capital Gains and Losses — Assets Held More Than One Year

7	(a) Description of property (Example: 100 shares of Z Co)	(b) Date acquired (month, day, year)	(c) Date sold (month, day, year)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) (Subtract (e) from (d))
8	Long-term capital gain from installment sales from Form 6252, line 26 or 37					8
9	Long-term capital gain or (loss) from like-kind exchanges from Form 8824					9
10	Capital gain distributions					10
11	Combine lines 7 through 10 in column (f)					11
12	Tax on long-term capital gain included on line 21 below					12
13	Net long-term capital gain or (loss). Combine lines 11 and 12. Enter here and on Form 1120S, Schedule K, line 8a or 10					13

Part III Built-in Gains Tax (See instructions before completing this part.)

14	Excess of recognized built-in gains over recognized built-in losses (attach computation schedule)	14
15	Taxable income (attach computation schedule)	15
16	Net recognized built-in gain. Enter the smallest of line 14, line 15, or line 6 of Schedule B	16
17	Section 1374(b)(2) deduction	17
18	Subtract line 17 from line 16. If zero or less, enter -0- here and on line 21	18
19	Enter 35% of line 18	19
20	Section 1374(b)(3) business credit and minimum tax credit carryforwards from C corporation years	20
21	Tax. Subtract line 20 from line 19 (if zero or less, enter -0-). Enter here and on Form 1120S, page 1, line 22b	21

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 1120S.

Schedule D (Form 1120S) 2011

671111

Schedule K-1
(Form 1120S)

2011

☐ Final K-1☐ Amended K-1

OMB No. 1545-0130

Department of the Treasury
Internal Revenue ServiceFor calendar year 2011, or tax
year beginning _____, 2011
ending _____.Shareholder's Share of Income, Deductions,
Credits, etc ▶ See page 2 of form and separate instructions.**Part I** Information About the CorporationA Corporation's employer identification number
[REDACTED] 0419B Corporation's name, address, city, state, and ZIP code
BONI, INC
6495 SHILOH RD STE 400
ALPHARETTA, GA 30005C IRS Center where corporation filed return
Cincinnati, OH 45999-0013**Part II** Information About the ShareholderD Shareholder's identifying number
[REDACTED] 6147E Shareholder's name, address, city, state, and ZIP code
ARKADIY DUBOVY
3374 CEDAR FARMS COURT
ALPHARETTA, GA 30004F Shareholder's percentage of stock
ownership for tax year. 100.00000 %F
O
R
I
R
S
U
S
E
O
N
L
Y**Part III** Shareholder's Share of Current Year Income,
Deductions, Credits, and Other Items

1	Ordinary business income (loss)	13	Credits
	-37,711.		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5 a	Ordinary dividends		
5 b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
	33,517.		
8 a	Net long-term capital gain (loss)		
8 b	Collectibles (28%) gain (loss)		
8 c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
		A	16,025.
11	Section 179 deduction	16	Items affecting shareholder basis
12	Other deductions		
A	3,290.		
		17	Other information

*See attached statement for additional information.

BAA For Paperwork Reduction Act Notice, see Instructions for Form 1120S.

Schedule K-1 (Form 1120S) 2011

BONI, INC [REDACTED] 0419

1

Form 1120S, Line 5, Ordinary Income from PassThru Entities

Ordinary income from partnerships, estates, and trusts

BEST SCAPES, LLC	2,499.
26-4676290	
128 HWY 9 STE 600	
ALPHARETTA	
GA 30004	
BEST SOLUTION HOUSE REPAIR, LLC	4,508.
26-4675083	
3374 CEDAR FARMS COURT	
ALPHARETTA	
GA 30004	
DAWSON & DAWSON ASSOCIATES, LLC	-68,300.
26-4674930	
1850 HWY 9 STE 600	
ALPHARETTA	
GA 30004	
IPSOFT, LLC	0.
26-3371104	
6495 SHILOH RD STE 400	
ALPHARETTA	
GA 30005	
DMB ENGINEERING, LLC	4,763.
26-4675034	
13366 FREEMANVILLE RD	
ALPHARETTA	
GA 30004	
GA TA INVESTMENTS, LLC	3,921.
80-0288121	
13366 FREEMANVILLE RD	
ALPHARETTA	
GA 30004	
IAD LEASING, LLC	1,298.
26-1775315	
13366 FREEMANVILLE RD	
ALPHARETTA	
GA 30004	
KEITH & ALLEN ROOFING, LLC	970.
26-4674995	
12850 HWY 9 STE 600	
ALPHARETTA	
GA 30004	
M&I ADVISING ASSOCIATES, LLC	3,425.
80-0277142	
13366 FREEMANVILLE RD	
ALPHARETTA	
GA 30004	

BONI, INC [REDACTED] 0419

2

Form 1120S, Line 5, Ordinary Income from PassThru Entities
Ordinary income from partnerships, estates, and trusts

Continued

TJ CONTRACTING, LLC	9,205.
26-4674864	
12850 HWY 9 STE 600	
ALPHARETTA	
GA 30004	
Total	<u>-37,711.</u>

Form 1120S, Page 1, Line 5
Other Income (Loss)

ORDINARY INCOME FROM PASSTHRU ENTITIES	<u>-37,711.</u>
Total	<u>-37,711.</u>

Other Investments:
1120S, Schedule L, Line 9

Other Investments:	Beginning of tax year	End of tax year
Investments - Boni-U	3,794,591.	
N/R APD Developers, Inc.	919,770.	2,320,724.
N/R Mozaika LTD	430,000.	625,000.
Total	<u>5,144,361.</u>	<u>2,945,724.</u>

Other Current Liabilities:
1120S, Schedule L, Line 18

Other Current Liabilities:	Beginning of tax year	End of tax year
Loans from Shareholders		232,254.
Total		<u>232,254.</u>

Form 1120S, Page 4, Schedule M-2, Line 3
Schedule M-2, Other Additions

NET SHORT-TERM CAPITAL GAIN	33,517.	
Total	<u>33,517.</u>	

BONI, INC [REDACTED] 419

3

Form 1120S, Page 4, Schedule M-2, Line 5
Schedule M-2, Other Reductions

CHARITABLE CONTRIBUTIONS	3,290.	
Total	<u>3,290.</u>	



1201501612

Georgia Form 600S (Rev 10/11)
Corporation Tax Return
Georgia Department of Revenue (Approved software version)

2011 Income Tax Return

Beginning 01/01/11

Ending 12/31/11

☒ Original Return☐ Amended Return☐ UET Annualization Exception attached

Page 1

2012 Net Worth Tax Return

Beginning 01/01/12

Ending 12/31/12

☐ Amended due to IRS change☐ Final Return
(Attach explanation)☐ Initial Net Worth☐ C Corp Last Year☒ Extension☐ Address Change☐ Name Change☐ Composite
Return Filed

A Federal Employer ID Number	Name (Corporate title) Please give former name if applicable.		E Date of Incorporation
0419	BONI, INC		05/07/98
B GA Withholding Tax Account Number	Business Address (Number and Street)		F Incorporated under laws of what state
Payroll WH Number	Nonresident WH No.	6495 SHILOH RD STE 400	GA
C GA Sales Tax Reg Number	City or Town	State Zip Code	G Date admitted into GA
	ALPHARETTA	GA 30005	05/07/98
D NAICS Code	Location of Books for Audit (City & State)	Telephone Number	H Kind of Business
523900	SAME	GA (678) 665-7771	BROKERAGE
I Total Shareholders 1		J Federal Ordinary Income -37,711.	
K Indicate latest taxable year adjusted by IRS		And when reported to Georgia	

COMPUTATION OF GEORGIA TAXABLE INCOME AND TAX (ROUND TO NEAREST DOLLAR) **SCHEDULE 1**

1 Georgia Taxable Income (See instructions)	1	
2 Tax - 6% x Line 1	2	0.

COMPUTATION OF NET WORTH RATIO (to be used by Foreign Corporations only) (ROUND TO NEAREST DOLLAR) **SCHEDULE 2**

	A Within Georgia	B Total Everywhere	C GA. ratio (A/B)
1 Total value of property owned (Total assets from Federal balance sheet)	1		
2 Gross receipts from business	2		
3 Totals (Line 1 + 2)	3		
4 Georgia ratio (Divide Line 3A by 3B)	4		

COMPUTATION OF NET WORTH TAX (ROUND TO NEAREST DOLLAR) **SCHEDULE 3**

1 Total Capital stock issued	1	100.
2 Paid in or Capital surplus	2	1,471,495.
3 Total Retained earnings	3	-48,740.
4 Net Worth (Total of Lines 1, 2, and 3)	4	1,422,855.
5 Ratio (GA. and Dom. For. Corp. - 100%)(Foreign Corp. - Line 4, Sch. 2)	5	1.000000
6 Net Worth Taxable by Georgia (Line 4 x Line 5)	6	1,422,855.
7 Net Worth Tax (from table in instructions)	7	750.

COMPUTATION OF TAX DUE OR OVERPAYMENT (ROUND TO NEAREST DOLLAR) **SCHEDULE 4**

	A Income Tax	B Net Worth Tax	C Total
1 Total Tax (Schedule 1, Line 2 and Schedule 3, Line 7)	0.	750.	750.
2 Less: Credits and payments of estimated tax			
3 Less: Credits from Schedule 10, Line 6*			
4 Withholding Credits (G2-A, G-2LP and/or G-2RP)			
5 Balance of tax due (Line 1, less Lines 2, 3 and 4)			750.
6 Amount of overpayment (Lines 2, 3 and 4 less Line 1)			
7 Interest due (See Instructions)		45.	45.
8 Form 600 UET (Estimated tax penalty)			
9 Other penalty due (See Instructions)		75.	75.
10 Balance of tax, interest and penalty due with return			870.
11 Amount of Line 6 less Line 8 to be credited to 2012 estimated tax		Refunded	

*NOTE: Any tax credits from Schedule 10 may be applied against income tax liability only, not net worth tax liability.

DIRECT DEPOSIT OPTIONS, SEE PAGE 2 SIGNATURE SECTION

Georgia Form 600S/2011



1201501622

Page 2

(Corporation) Name BONI, INC

FEIN 0419

ADDITIONS TO FEDERAL TAXABLE INCOME (ROUND TO NEAREST DOLLAR)		SCHEDULE 5
1	State and municipal bond interest (other than Georgia or political subdivision thereof)	1
2	Net income or net profits taxes imposed by taxing jurisdictions other than Georgia	2
3	Expense attributable to tax exempt income	3
4	Federal deduction for income attributable to domestic production activities (IRC Section 199)	4
5	Intangible expenses and related interest costs	5
6	Captive REIT expenses and costs	6
7	Other Additions (Attach Schedule)	7
8	TOTAL — Enter here and on Line 8, Schedule 8	8

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME (ROUND TO NEAREST DOLLAR)		SCHEDULE 6
1	Interest on obligations of United States (must be reduced by direct and indirect interest expense)	1
2	Exception to intangible expenses and related interest costs (Attach IT-Addback)	2
3	Exception to captive REIT expenses and costs (Attach IT-REIT)	3
4	Other Subtractions (Must Attach Schedule)	4
5	TOTAL — Enter here and on Line 10, Schedule 8	5

APPORTIONMENT OF INCOME		SCHEDULE 7	
	A WITHIN GEORGIA	B EVERYWHERE	C DO NOT ROUND COL (A)/ COL (B) COMPUTE TO SIX DECIMALS
1	Gross receipts from business	1	
2	Georgia Ratio (Divide Column A by Column B)	2	

COMPUTATION OF TOTAL INCOME FOR GEORGIA PURPOSES (ROUND TO NEAREST DOLLAR)		SCHEDULE 8
1	Ordinary income (loss) per Federal return	1 -37,711.
2	Net income (loss) from rental real estate activities	2
3	a Gross income from other rental activities	3a
	b Less: expenses	3b
	c Net business income from other rental activities (Line 3a less Line 3b)	3c
4	Portfolio income (loss):	
	a Interest Income	4a
	b Dividend Income	4b
	c Royalty Income	4c
	d Net short-term capital gain (loss)	4d 33,517.
	e Net long-term capital gain (loss)	4e
	f Other portfolio income (loss)	4f
5	Net gain (loss) under section 1231	5
6	Other Income (loss)	6
7	Total Federal Income (Add Lines 1 through 6)	7 -4,194.
8	Additions to Federal Income (Schedule 5 above)	8
9	Total (Add Lines 7 and 8)	9 -4,194.
10	Subtractions from Federal Income (Schedule 6 above)	10
11	Total Income for Georgia purposes (Subtract Line 10 from Line 9)	11 -4,194.

A copy of the Federal Return and supporting Schedules must be attached, otherwise this return is deemed incomplete. No extension of time for filing will be allowed unless a copy of the request for Federal extension or Form IT-303 is attached to this return.

Make check payable to: Georgia Department of Revenue

Mail To: Georgia Department of Revenue, Processing Center, P.O. Box 740391, Atlanta, Georgia 30374-0391

DIRECT DEPOSIT OPTIONS

A Direct deposit (for U.S. Accounts Only) Type:	Checking <input type="checkbox"/>	Routing Number		B Paper Check <input type="checkbox"/>
See booklet for further instructions.	Savings <input type="checkbox"/>	Account Number		

Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States free of any expense to the State of Georgia. Declaration: I/we declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief it is true, correct, and complete. If prepared by a person other than taxpayer, their declaration is based on all information of which they have any knowledge.

☐ I authorize the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Email address: Dubovoy1@gmail.com

September 12 2012

SIGNATURE OF OFFICER

DATE

ISAAK RIKELMAN, EA

SIGNATURE OF INDIVIDUAL OR FIRM PREPARING THE RETURN

63-1162145

IDENTIFICATION OR SOCIAL SECURITY NUMBER

PRESIDENT

TITLE

IR & S CORPORATION

3855 SHALLOWFORD RD STE 315

MARIETTA

GA 30062

GASA0102 01/19/12

☐ Check the box to authorize the Georgia Department of Revenue to discuss the contents of this tax return with the named preparer.

EXHIBIT 17

From: "OH - New Accounts"
To: "docimaging@apexclearing.com"
Sent: 4/4/2013 10:51:43 AM
Subject: New Accounts 3

Attachments:
"4992_001.pdf"

0189
0160
0085
8957
0216
0193
3185
5113
8298
8914
8200

See http://www.peak6.com/email_disclaimer/ for terms and conditions related to this email

STATEMENT OF CONFIDENTIALITY: This message and any attachments are intended solely for the person or entity to which it is addressed and may contain confidential or privileged information. If the recipient of this message is not the addressee or a person responsible for delivering the message to the addressee, such recipient is prohibited from reading or using this message in any way. If you have received this message in error, please call the sender of this message immediately and delete the message from any computer.

PRINT, SIGN and SEND YOUR APPLICATION

This document may print on several pages. Please make sure you read and send us all the printed pages to expedite the opening of your account.

Send or Fax to: OptionsHouse, LLC
P.O. BOX 812
Chicago, IL 60690

Fax Number: (866) 492-2478

NEWF

optionshouse.△

INDIVIDUAL Account Application

Primary Applicant

Pending Application Number: 8957

Citizenship: U.S. Resident Alien
Presence In United States: 20 Years
Left The US During That Time? Yes
For How Long? 3 Weeks

Account Type: Individual, Margin

Personal Profile: Email Address And Security Question

Email Address: dvbovoy01@gmail.com
Username: 82100
Security Question:
Security Answer: izmalls

Prefix:
First Name: Arkady
Middle Name:
Last Name: Dubovoy
Suffix:

Social Sec. Number: 6147
Date Of Birth: 1984

Marital Status: Married
Dependents: 3

Residential Address: 3374 Cedar Farms CT
Alpharetta, Georgia, 30004
6086

Phone (Day):
Phone (Evening):
Fax:

Comments (Office Use Only)



Employment Status: Employed
Employer: APD Custom Homes
Occupation: Manager
Employer Address: 6495 Shiloh RD, Suite 400
Alpharetta, Georgia, 30005
Employer Country: United States Of America
Associated With FINRA/Exchange Firm: No

Financial Profile

Annual Gross Income: \$100,001 To \$250,000
Net Worth: Over \$250,000
Liquid Net Worth: Over \$250,000
Federal Tax Bracket: Approx. 30% To 45%

Investing Profile

Years Of Trading Experience: 10 Years Of Options Trading
15 Years Of Trading Stocks
300 Options; 300 Stocks
Avg. Trades Per Year:
Experienced Trading Online: No
Investment Objectives: Speculation
Trading Strategies: Buy Stock And Options
Trade Cash Covered Puts, Covered Calls,
Protective Puts
Buy Spreads
Sell Spreads

> 10% Public Company Ownership:

Agreements:
New Account Application - NEWF
Customer Account Agreement - CAGR
Customer Agreement - UMIS
Option Agreement - OPTA
Characteristics And Risks
Special Statement For Uncovered Options Writers
Short Stock Agreement - UMIS
Margin Disclosure Document - UMIS
Margin Agreement - MRGN

Agreement to "Customer Agreement" and other Account Agreements:

I (or we) hereby request that OptionsHouse, LLC, ("OptionsHouse") open an account as indicated above, and I acknowledge that I have read and understood the "Customer Agreement" and all Account Agreements that govern this account, including agreements regarding use of data and exchange quotes, and I agree to be bound by these agreements as currently in effect and as amended from time to time and posted on the OptionsHouse website. I have legal capacity to enter into and be bound by this legal contract. I agree that the information I have provided to OptionsHouse is complete, accurate, and true. Further, I agree to immediately advise OptionsHouse of any material changes to the information I have provided, including but not limited to my financial status, investment objectives, residence, employment or legal status. I agree to receive all account notices, including all confirmation of trades, by electronic means and to access my account regularly to receive such notices. I EXPRESSLY ACKNOWLEDGE THAT OPTIONSHOUSE DOES NOT MAKE RECOMMENDATIONS REGARDING INVESTMENTS, TAXES, OR LEGAL MATTERS. BY SIGNING BELOW, THE UNDERSIGNED CERTIFIES THAT THE INFORMATION CONTAINED HEREIN IS COMPLETE AND ACCURATE. I understand that my account is governed by a pre-dispute arbitration clause contained in OptionsHouse "Customer Agreement" section #24.

Important Information About Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask you to provide us with a copy of your driver's license or other identifying documents.

Citizenship

Due to differing tax implications and foreign securities regulations, OptionsHouse is not able to maintain accounts for customers residing outside of the United States on a long-term or permanent basis. If you plan on leaving the United States on a long-term or permanent basis, please contact OptionsHouse ten (10) days in advance of your departure for further assistance. Customer hereby confirms the information furnished to OptionsHouse on the account application is true and accurate. Customer also acknowledges and agrees to contact OptionsHouse if there are any changes to their US visa, permanent residency status or should they leave the United States on a long-term or permanent basis. Customer further agrees to contact OptionsHouse when changes to their personal information have occurred, such as email address, physical address or phone number. OptionsHouse reserves the right to request additional information of the account holder during the account sign-up process or as long as the account is held at OptionsHouse.

Options Agreement Terms

I represent that I am aware of the inherent risks associated with options trading and that I am financially able to bear such risks and withstand options trading losses. I have read and understood the terms and conditions that govern this options account and the special risk statement for uncovered option writers, where applicable, and agree to be bound by them as currently in effect and as amended from time to time. I have also fully read and understood the disclosure document entitled Characteristics and Risks of Standardized Options issued by the Options Clearing Corporation and delivered to me by OptionsHouse, LLC either electronically or in hard copy.

Disclosure of Name/Address on Securities You Own

Under SEC Rule 14b-1(c), brokerage firms are required to disclose to an issuer the name, address, and securities position of our customers who are beneficial owners of that issuer's securities.

_____ I object to the disclosure of such information

Margin Account Information

By signing below, the undersigned agrees to all terms of the Margin and Short Account Agreement ("Agreement"). The undersigned acknowledges that the undersigned's margin account securities may be borrowed by you or loaned to others. The undersigned also acknowledges receipt of a copy of this Agreement and a copy of the Margin Risk Disclosure Statement.

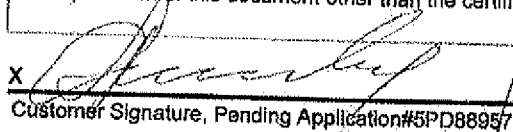
Payment Instructions

Unless otherwise instructed, you agree that securities will be held in street name, the proceeds of any securities transactions, including maturities and dividends, will be credited to your account and your available credit balances will be swept into a money market account.

Certification of Taxpayer Number (Substitute W-9):

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because:
 - a. I am exempt from backup withholding, or
 - b. I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
 - c. the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X  Customer Signature, Pending Application #5PD88957

04/01/13

Date

NEWF

M
4/3/13

Customer Option Agreement

BROKERS USE ONLY (Must be filled in before Pension can accept)

Please note Date of Delivery:

1. Characteristics and Risks of Standard Options

4/1/13

2. Special Statement for Uncovered Option Writers

N/A

TO BE COMPLETED BY MANAGER PRIOR TO OPTION TRADING:

Approved for option trading as follows:

Covered Call Writing

3


Purchasing Options

3

Other Option Transactions

Approved Subject to the Following Limits

AE, ROP and Manager Signature



Date

4/3/13

In connection with any transactions in options which have been or may be purchased, sold, exercised or endorsed for the undersigned's account with an introducing broker(s) which clears through Pension Financial Services, Inc., the undersigned agrees as follows:

- 1. Definitions.** Introducing broker means any brokerage firm which introduces security transactions on behalf of the undersigned, which transactions are cleared through you, whether one or more. Obligations means all indebtedness, debit balances, liabilities or other obligations of any kind of the undersigned to you, whether now existing or hereafter arising. Options means all types of options, including puts, calls, equity, debt, index or otherwise. Securities and other property shall include, but shall not be limited to money, securities, commodities or other property of every kind and nature and all contracts and options relating thereto, whether for present or future delivery. You or your refers to Pension Financial Services, Inc.
- 2. Limits.** The Undersigned shall not, acting alone or in concert with others, exceed the position/exercise limits set forth by any exchange or market or by any other regulatory authority having jurisdiction.
- 3. Authority, Execution of Orders, Security Interest.** The undersigned hereby authorizes you in your discretion, should you deem it necessary for your protection for any reason, or if the undersigned dies, to buy, sell, or sell short for the undersigned's account and risk, puts, calls or other forms of option and/or to buy, sell or sell short any part or all of the underlying shares represented by options endorsed by you for the undersigned's account. Any and all expenses incurred by you in connection with such transactions shall be reimbursed by the undersigned to you. The undersigned understands and acknowledges that when transactions on the undersigned's behalf are to be executed and the options are traded in more than one marketplace you may use your discretion in selecting the market in which to enter the undersigned's order unless the undersigned specifically instructs otherwise. All monies, securities, or other property which you may hold in any account of the undersigned shall be held subject to a general lien for the discharge of the undersigned's obligations to you under this Agreement or otherwise. The decision to enter into options transactions was made entirely by the undersigned without any investment advice from Pension or the introducing broker.
- 4. Notice, Exercise, Random Allocation.** The undersigned is aware of your requirements and time limitations for accepting an exercise notice and expiration date. The undersigned understands that the undersigned may not receive actual notice of exercise until the week following exercise. The undersigned bears full responsibility for taking action to exercise or sell valuable options; however, in the absence of the undersigned notifying the introducing broker to exercise a valuable options contract by 3 p.m. Central Standard Time on the last business day prior to the expiration date of the options contract, and the introducing broker instructing you to sell valuable options on the undersigned's behalf within such time, the undersigned agrees that you may exercise the options contract on the undersigned's behalf. In the event of such exercise, the profit in excess of commission costs created thereby will be credited to the undersigned's account. In the event that the commissions to be charged for such an expiration transaction exceeds the proceeds to be realized, the undersigned agrees and hereby relinquishes the undersigned's ownership in said option to you, and you may exercise such option for your own account. If the undersigned does not instruct the introducing broker to exercise the valuable option by the time stated above, and you for whatever reason, do not exercise such option on the undersigned's behalf, the undersigned hereby waives any and all claims for damage or loss which the undersigned might at the time or any time thereafter have against you arising out of the fact that the option was not exercised. The undersigned is aware that you utilize a random method of allocation for all option(s) assignments received from the Option Clearing Corporation. Exercise assignment notices for options contracts are allocated among all customers' short positions within that series. This is accomplished by a manual procedure, which randomly selects from among all customer short positions, including positions established on the day of assignment, those contracts which are subject to exercise. All American short positions are liable for assignment at any time. The undersigned understands that a more detailed description of this procedure is available upon request by the undersigned.
- 5. Uncovered Options.** The undersigned agrees that in connection with any uncovered option(s) for the undersigned's account, the undersigned will not sell, during the life of such options, the underlying securities collateralizing such options, including any cash or securities which may accrue on the underlying covered securities until such options are closed, exercised or expired or the undersigned has met the collateral requirements established by you and/or the introducing broker for carrying uncovered options. The undersigned also agrees that the introducing broker and/or you, in your respective sole discretion, may refuse any order to sell such underlying securities received from the undersigned or by means of a "give up" basis through another firm unless, prior to such sale, the undersigned has met the collateral requirements established by you and/or the introducing broker for carrying uncovered options. You have the right, in your sole discretion, to permit the undersigned to apply the proceeds of such sale to such collateral requirements.
- 6. Risks.** The undersigned is aware of the high degree of risk involved in options transactions and has given the introducing broker, in strict confidence, information to demonstrate that this account and the trading anticipated in connection therewith is not unsuitable for the undersigned in light of the undersigned's investment objectives, financial situation and needs, experience and knowledge. The undersigned agrees to advise the introducing broker of any changes in the undersigned's investment objectives, financial situation or other circumstances that may be deemed to materially affect the suitability of executing options transactions for the undersigned's account.
- 7. Options Account Form, Disclosure Documents.** The undersigned has reviewed the contents of the options account form and represents that they are accurate. Although certain types of transactions are indicated as anticipated you and the introducing broker may execute any other types of transactions for the undersigned's account upon the

EXHIBIT 18

Open a Schwab Account Today

- All sections of this form (Steps 1-7) must be completed.**
- Include your initial deposit, or a completed Transfer of Account form.
 - Remember to sign the completed application.

Questions? Call 1-800-435-4600

1. Establish Your Account. Please complete all sections below. We respect your privacy. Schwab considers the information you provide on this application to be confidential and will use it only in connection with your relationship with Schwab.

Select an Account (Choose only one.)

☐ Schwab Account

- \$2,500 minimum balance to open
- Weekly sweep of uninvested cash balances over \$100 into a Schwab Money Fund
- Optional margin trading feature
- If balance is below \$10,000 on September 15, \$29 annual fee

☒ Schwab One* Account

- \$10,000 minimum balance to open
- Daily sweep of any uninvested cash balances into a Schwab Money Fund
- Access to your funds via optional Schwab One checks and/or Visa* debit card
- Automatic margin trading feature
- If balance falls below \$10,000 during the last five business days of the calendar quarter, \$15 quarterly fee

Title Your Account (Select only one.)

☒ Individual ☐ Joint Tenants with Right of Survivorship

☐ Tenants in Common ☐ Community Property

Account Holder

☒ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

Name (First) (Middle) (Last)
 ARKADY P. DUBOVY
 Home Street Address (no P.O. boxes, please)
 4895 POST OAK TRITT
 City, State, Zip Code
 Roswell, GA 30075
 Mailing Address (if different from above, P.O. boxes may be used)
 SAME
 Business Street Address
 Above
 City, State, Zip Code
 Home Telephone Number
 () 402
 Business Telephone Number
 ()
 E-mail Address (Please see Section 3, "Web Access to Your Account")
 IGOR DUBOVY@HOTMAIL.COM

Joint Account Holder (if applicable)

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. (Last)

Name (First) (Middle) (Last)
 Home Street Address (no P.O. boxes, please)
 City, State, Zip Code
 Mailing Address (if different from above, P.O. boxes may be used)
 Business Street Address
 City, State, Zip Code
 Home Telephone Number
 Business Telephone Number
 E-mail Address (Please see Section 3, "Web Access to Your Account")

Social Security/Tax ID Number
 6147
 Date of Birth (mm/dd/yyyy)
 01/14/64
 Mother's Maiden Name
 BABENKO
 Driver's License State Number
 0552
 Country of Citizenship
☒ USA ☐ Other
 Country of Legal Residence
☒ USA ☐ Other
 Are you known by another name? Specify
 NO

Social Security/Tax ID Number
 Passport Number (if not a U.S. citizen)
 Date of Birth (mm/dd/yyyy)
 Mother's Maiden Name
 Driver's License State Number
 Country of Citizenship
☒ USA ☐ Other
 Country of Legal Residence
☒ USA ☐ Other
 Are you known by another name? Specify

Securities industry regulations require that we collect the following information:

Check any that apply:
☐ Employed ☒ Self-employed ☐ Retired ☐ Student ☐ Unemployed
 Occupation/Position
 Consultant/owner
 List any security firm(s) you are employed by or in which you are a director or owner
☒ Not applicable ☐ Yes, please specify
 List all publicly traded companies in which you are a director, 10% shareholder or policy-making officer
☒ Not applicable ☐ Yes, please specify
 Marital Status
☐ Single ☒ Married ☐ Divorced
 Number of Dependents
 4

Securities industry regulations require that we collect the following information:

Check any that apply:
☐ Employed ☐ Self-employed ☐ Retired ☐ Student ☐ Unemployed
 Occupation/Position
 List any security firm(s) you are employed by or in which you are a director or owner
☐ Not applicable ☐ Yes, please specify
 List all publicly traded companies in which you are a director, 10% shareholder or policy-making officer
☐ Not applicable ☐ Yes, please specify
 Marital Status
☐ Single ☐ Married ☐ Divorced
 Number of Dependents

CONFIDENTIAL TREATMENT REQUESTED

BATES & ORR 1402-06895-000001

7. Agree to Terms

I hereby request that Charles Schwab & Co., Inc. ("Schwab") open a brokerage account as indicated above in the names listed as account holders on this Schwab Account Application. I agree to read and be bound by the terms of the applicable Account Agreement (which includes information on the Cash Account and, if applicable, the Schwab Sweep Funds, the Margin and Short Account, Disclosure of Credit Terms and Policies, the Schwab StockBuilder Plan and other written agreements between me and Schwab that apply to my brokerage account) as currently in effect and as amended from time to time. If, in the future, I add features to this account governed by the foregoing agreements (e.g., a money fund or margin trading), I agree to be bound by their terms and conditions. If I do not receive or understand the Account Agreement, I will notify Schwab.

I acknowledge that I am responsible for determining the nature, potential value and suitability for me of any particular security, transaction or investment strategy; that Schwab has no responsibility for any such determination unless a Schwab representative gives advice directly to me that is clearly identified as a Schwab recommendation for me to enter into a particular transaction or to buy or sell a particular security; and that Schwab does not give legal or tax advice.

In accordance with Section 6, pages 6-7, of the Brokerage Account Agreement and Section 7, pages 20-21, of the Schwab One Account Agreement, I agree that all debts and other obligations owed to Schwab by any party to the Account Agreement will be secured by a lien on all Securities and Other Property now or hereafter held, carried or maintained in any of my present or future brokerage accounts with Schwab, whether individually or jointly held with others, or in any brokerage account at Schwab in which I have an interest.

I agree to settle by arbitration any controversy between myself and Schwab and/or any Schwab officers, directors, employees or agents relating to the Account Agreement, my brokerage account or account transactions, or in any way arising from my relationship with Schwab as provided in Section 17, pages 11-13, of the Brokerage Account Agreement and Section 23, pages 28-31, of the Schwab One Account Agreement. The following disclosures are made pursuant to applicable self-regulatory organization rules: (1) arbitration is final and binding on all parties; (2) the parties are waiving their right to seek remedies in court, including the right to a jury trial; (3) pre-arbitration discovery is generally more limited than and different from court proceedings; (4) the arbitrator's award is not required to include factual findings or legal reasoning, and any party's right to appeal or seek modification of rulings by the arbitrator is strictly limited; and (5) the panel of arbitrators will typically include a minority of arbitrators who were or are affiliated with the securities industry.

No person shall bring a putative or certified class action to arbitration, nor seek to enforce any pre-dispute arbitration agreement against any person

who has initiated in court a putative class action, or who is a member of a putative class who has not opted out of the class with respect to any claims encompassed by the putative class action until: (1) the class certification is denied; (2) the class is decertified; or (3) the customer is excluded from the class by the court. Such forbearance to enforce an agreement to arbitrate shall not constitute a waiver of any rights under this Agreement except to the extent stated herein.

Accounts with Margin Features. All Securities and Other Property now or hereafter held in the account of the undersigned may be pledged, replighted, hypothecated or rehypothecated, either separately or together with securities of other customers either for the amount due Charles Schwab & Co., Inc. or for a greater sum.

Interest on debit balances will be charged and compounded in accordance with the Account Agreement and as permitted under the laws of the state of California.

Disclosure of Account Information: I authorize Schwab to disclose information to others about me and my accounts in connection with services Schwab makes available or arranges on behalf of customers, when it is necessary for completing transactions, to comply with a government agency request or court order, such as the IRS or the SEC, to verify the existence and condition of my account for a third party, such as a credit bureau or merchant, and as otherwise authorized by the Account Agreement.

Schwab One Accounts: I agree that each account holder is authorized to write checks and/or engage in Visa® transactions on this Schwab One account, and I further request PNC Bank to issue checks and Visa debit card(s), as indicated on this Account Application. I authorize Schwab to make inquiries for the purpose of verifying my creditworthiness and the creditworthiness of my spouse if I am married and live in a community property state. Such inquiries may include verifying information I have given in my Account Application, contacting my employer and obtaining credit reports.

Schwab MoneyLink® Accounts: I agree to be bound by the terms and conditions of the Schwab MoneyLink Transfer Service, as these may be amended. This authorization is to remain in full force and effect until Schwab has received notification from me (or any of the account holders) of its termination in such time and in such manner as to allow Schwab and my bank/financial institution a reasonable opportunity to act on it or until Schwab terminates this service. Written notification may be addressed to Charles Schwab & Co., Inc., MoneyLink Support Services, 101 Montgomery Street, San Francisco, CA 94104, or you may contact Schwab customer service directly over the phone.

For account holders with more than one account at Schwab: This authorization further authorizes Schwab to direct transfers between your accounts at Schwab when no written authorization is requested.

BY SIGNING THIS AGREEMENT, HOLDERS OF CASH ACCOUNTS WITH MARGIN FEATURES AND SCHWAB ONE ACCOUNTS ACKNOWLEDGE THAT CERTAIN OF THEIR SECURITIES MAY BE LENT TO SCHWAB AS PRINCIPAL OR LENT OUT TO OTHERS.

Please note that the Account Agreement contains a pre-dispute arbitration agreement, which is set forth in Section 17, pages 11-13, of the Brokerage Account Agreement and in Section 23, pages 28-31, of the Schwab One Account Agreement.

I certify under penalty of perjury that (1) the number shown on this application is my correct taxpayer identification number, and (2) that I am not subject to back-up withholding either because I have not been notified that I am subject to back-up withholding as a result of a failure to report all interest and dividends, or the Internal Revenue Service has notified me that I am no longer subject to back-up withholding. (I understand that if I have been notified by the IRS that I am subject to back-up withholding as a result of dividend or interest underreporting, and I have not received a notice from the IRS advising me that back-up withholding is terminated, I must strike or cross out the information contained in Item 2 above.) The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid back-up withholding.

Signature(s)
Required

Your Signature

Date

Joint Account Holder's Signature

Date

For Schwab One® accounts only, if you've selected Schwab One checks or Visa® debit cards, all account holders must ALSO sign below. If you'd like additional people to use these items, please contact us for further information.

For Schwab One
checks and Visa
debit cards

Sign Here

ALSO sign in
Step 7 above.

Joint Account Holder's Signature

Date

Date

CONFIDENTIAL FOIA TREATMENT REQUESTED

BATES # GRR 1402 06895-000002

APP2372-7(2/93)

EXHIBIT 19

Schwab One® Organization Account Application

charles SCHWAB

Please review the Organization Account Guide prior to completing this application to determine what forms are required to open your particular organization account type. For trusts, qualified plans or non-U.S. organizations, do not use this form. Contact us for the correct application.

\$1,000 minimum deposit required to open an account, or \$100 monthly transfer through either direct deposit or Schwab MoneyLink®

www.schwab.com
1-800-435-4000 (inside the U.S.)
+1-415-667-5009 (outside the U.S.)
1-888-686-6916 (multilingual services)

Page 1 of 4

1. Account Information

Complete all sections below. We respect your privacy. Charles Schwab & Co., Inc. ("Schwab") will use the information you provide to open and service your accounts, communicate with you, and provide information about products and services. Read about Schwab's privacy policy at www.schwab.com/privacy. As required by federal law, Schwab will use the information provided below to verify your identity.

Title Your Account Select only one.

☒ Corporation ☐ Partnership ☐ Limited Liability Company ☐ Charity/Non-Profit ☐ Investment Club
☐ Sole Proprietorship ☐ Non-incorporated ☐ "Doing Business As" (DBA)

Organization Information

Name of Organization APD DEVELOPERS INC.	Organization Telephone Number (678) 845-0290	Tax ID Number 9495
Organization Street Address (no P.O. boxes) 6495 SHILOH ROAD SUITE 400	Country of Legal Establishment <input checked="" type="checkbox"/> USA <input type="checkbox"/> Other:	
City, State, Zip Code ALPHARETTA GA 30005	State of Incorporation GEORGIA	
Mailing Address (if different from above; P.O. boxes may be used) SAME		
List all publicly traded companies in which the organization is a 10% shareholder. Please specify: NONE	Email Address* (Required to access your account through the web.) DUBOVOY@123@GMAIL.COM	

☐ Is this organization a broker-dealer? ☐ If so, is this a proprietary account?

Authorized Agent Information List all individuals authorized to place trade orders, withdraw funds and transact other business relating to the account. Individuals listed must also be identified on any additional required documents as specified in the Schwab One Organization Account Guide.

Name (First) AREODIY	(Middle)	(Last) DUBOVOY
Home/Legal Street Address (no P.O. boxes) 3374 CEDAR FARMS COURT		
City, State, Zip Code ALPHARETTA GA 30004		
Mailing Address, City, State, Zip Code (if different from above; P.O. boxes may be used) SAME		
Home Telephone Number () N/A	Business Telephone Number () 0290	Cellular Telephone Number () 6173
Email Address* (Required to access your account through the web.) DUBOVOY@123@GMAIL.COM		
Social Security/Tax ID Number 6-6147	Date of Birth (mm/dd/yyyy) 1964	Mother's Maiden Name BABENKO
ID Number 0552	<input checked="" type="checkbox"/> Driver's License <input checked="" type="checkbox"/> State <input type="checkbox"/> Passport	
Place of Issuance GEORGIA	Expiration Date 04-08-2012	
Country(ies) of Citizenship (Must list all.) <input type="checkbox"/> USA <input checked="" type="checkbox"/> Other: UKRAINE	Country of Legal Residence <input checked="" type="checkbox"/> USA <input type="checkbox"/> Other:	

Name (First)	(Middle)	(Last)
Home/Legal Street Address (no P.O. boxes)		
City, State, Zip Code		
Mailing Address, City, State, Zip Code (if different from above; P.O. boxes may be used)		
Home Telephone Number ()	Business Telephone Number ()	Cellular Telephone Number ()
Email Address* (Required to access your account through the web.)		
Social Security/Tax ID Number	Date of Birth (mm/dd/yyyy)	Mother's Maiden Name
ID Number	<input type="checkbox"/> Driver's License <input type="checkbox"/> State <input type="checkbox"/> Passport	
Place of Issuance	Expiration Date	
Country(ies) of Citizenship (Must list all.) <input type="checkbox"/> USA <input type="checkbox"/> Other:	Country of Legal Residence <input type="checkbox"/> USA <input type="checkbox"/> Other:	

Securities industry regulations require that we collect the following information:

Check only one: <input checked="" type="checkbox"/> Employed <input checked="" type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Homemaker <input type="checkbox"/> Not employed	
Employer APD DEVELOPERS INC.	Occupation/Position PRESIDENT
Business Street Address 6495 SHILOH RD	City, State, Zip Code ALPHARETTA GA 30005
Are you affiliated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," you must attach a letter from your employer approving the establishment of your account when submitting this application.)	
Are you a director, 10% shareholder or policy-making officer of a publicly held company? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," enter company name and trading symbol _____)	
Marital Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced	Number of Dependents 3

Securities industry regulations require that we collect the following information:

Check only one: <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Homemaker <input type="checkbox"/> Not employed	
Employer	Occupation/Position
Business Street Address	City, State, Zip Code
Are you affiliated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," you must attach a letter from your employer approving the establishment of your account when submitting this application.)	
Are you a director, 10% shareholder or policy-making officer of a publicly held company? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," enter company name and trading symbol _____)	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	Number of Dependents

*By providing your email address, you consent to receiving email from Schwab. Information about opting out of certain email communications is provided at www.schwab.com/privacy.



0 0 0 0 0 0

1. Account Information (Continued)**Additional Authorized Agent Information**

Name (First) (Middle) (Last)		
Home/Legal Street Address (no P.O. boxes)		
City, State, Zip Code		
Mailing Address, City, State, Zip Code (if different from above; P.O. boxes may be used)		
Home Telephone Number () () ()	Business Telephone Number () () ()	Cellular Telephone Number () () ()
Email Address* (Required to access your account through the web.)		
Social Security/Tax ID Number	Date of Birth (mm/dd/yyyy)	Mother's Maiden Name
ID Number	<input type="checkbox"/> Driver's License <input type="checkbox"/> State <input type="checkbox"/> Passport <input type="checkbox"/> Military	
Place of Issuance	Expiration Date	
Country(ies) of Citizenship (Must list all.) <input type="checkbox"/> USA <input type="checkbox"/> Other: _____		Country of Legal Residence <input type="checkbox"/> USA <input type="checkbox"/> Other: _____

Name (First) (Middle) (Last)		
Home/Legal Street Address (no P.O. boxes)		
City, State, Zip Code		
Mailing Address, City, State, Zip Code (if different from above; P.O. boxes may be used)		
Home Telephone Number () () ()	Business Telephone Number () () ()	Cellular Telephone Number () () ()
Email Address* (Required to access your account through the web.)		
Social Security/Tax ID Number	Date of Birth (mm/dd/yyyy)	Mother's Maiden Name
ID Number	<input type="checkbox"/> Driver's License <input type="checkbox"/> State <input type="checkbox"/> Passport <input type="checkbox"/> Military	
Place of Issuance	Expiration Date	
Country(ies) of Citizenship (Must list all.) <input type="checkbox"/> USA <input type="checkbox"/> Other: _____		Country of Legal Residence <input type="checkbox"/> USA <input type="checkbox"/> Other: _____

Securities industry regulations require that we collect the following information:

Check only one: <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Homemaker <input type="checkbox"/> Not employed	
Employer	Occupation/Position
Business Street Address City, State, Zip Code	
Are you affiliated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," you must attach a letter from your employer approving the establishment of your account when submitting this application.)	
Are you a director, 10% shareholder or policy-making officer of a publicly held company? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," enter company name _____ and trading symbol _____.)	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	Number of Dependents

Securities industry regulations require that we collect the following information:

Check only one: <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Homemaker <input type="checkbox"/> Not employed	
Employer	Occupation/Position
Business Street Address City, State, Zip Code	
Are you affiliated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," you must attach a letter from your employer approving the establishment of your account when submitting this application.)	
Are you a director, 10% shareholder or policy-making officer of a publicly held company? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," enter company name _____ and trading symbol _____.)	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	Number of Dependents

*By providing your email address, you consent to receiving email from Schwab. Information about opting out of certain email communications is provided at www.schwab.com/privacy.

2. Investment Profile**Investment Experience:**

Agent 1	Agent 2	Agent 3	Agent 4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Limited
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Good
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Extensive

Annual Income of Organization:

<input type="checkbox"/> Under \$15,000
<input type="checkbox"/> \$15,000-\$24,999
<input type="checkbox"/> \$25,000-\$49,999
<input type="checkbox"/> \$50,000-\$99,999
<input checked="" type="checkbox"/> \$100,000 or More

Liquid Net Worth of Organization:

<input type="checkbox"/> Under \$25,000
<input type="checkbox"/> \$25,000-\$49,999
<input type="checkbox"/> \$50,000-\$99,999
<input type="checkbox"/> \$100,000-\$249,999
<input checked="" type="checkbox"/> \$250,000 or More

Specify: _____

3. Overall Investment Objective of Account

☐ Capital Preservation ☐ Income ☒ Growth ☒ Speculation

FOR CHARLES SCHWAB USE ONLY:

Branch Office and Account Number																			
----------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

©2008 Charles Schwab & Co., Inc. All rights reserved. Member SIPC. FIA 04477 (1207-9033) APP13052-18 (02/08)

4. Brokerage Features**Margin Borrowing**

A margin account allows you to borrow from Schwab against your collateral. You can use a margin loan for things such as (1) purchasing additional securities using leverage with a view to enhancing investment returns, (2) selling securities short or (3) obtaining short-term financing or overdraft protection. To learn more about how margin borrowing works and to better understand its benefits and risks, read the Margin Risk Disclosure and the Schwab One® Account Agreement, or visit our interactive online margin tutorial on www.schwab.com.

Margin borrowing is automatically included, unless you check this box. ☐ Do NOT add margin borrowing.

Cash Features

The Schwab One Interest feature is automatically included on your account. This feature pays interest on the uninvested cash in your account. Rates are set by Schwab and are generally based on your Household Balances. Sole proprietors who are individuals residing in the U.S. may alternatively request that their uninvested cash be swept to Charles Schwab Bank, an FDIC-insured institution affiliated with Schwab.*

Clients with \$500,000 or more in Household Balances may request a sweep money market fund as an alternative by speaking to their Schwab representative. The yields of sweep money market funds are generally higher than interest rates offered by either Schwab or Schwab Bank.

Schwab's Cash Features are further described in Schwab's Cash Features Disclosure Statement for Individual Investors, which you will receive at account opening. Please contact Schwab for current information on interest rates and money market yields.

*FDIC insurance is available up to \$100,000 (when aggregated with all other deposits held by you in the same capacity at Schwab Bank). Please see the Cash Features Disclosure Statement for Individual Investors for information about FDIC insurance.

Electronic Trade Confirmations ("eConfirms")

If you have provided your email address, you will soon receive an email that will tell you how to receive paperless trade confirmations and the associated prospectuses and disclosures by email. Until we receive a response to our email, you will receive paper trade confirmations and disclosures through the U.S. mail. You may enroll in our electronic delivery services or return to delivery through the U.S. mail at any time by indicating your preferences online.

☒ No, at this time I do not want eConfirms.

Wants e-confirms

Checks and Visa® Check Cards

Select one of the following options to access the cash in your Schwab One Organization account.

☐ Checks only ☒ Checks and Visa Check Card

Upon receipt of your starter checks, you may contact a Schwab representative to order additional customized checks at no cost.

5. Fund Your Account

☐ Check or money order made payable to Charles Schwab & Co., Inc. enclosed for \$_____.

☐ Transfer Your Account form enclosed.

☒ Electronic transfer via Schwab MoneyLink® (Schwab MoneyLink Electronic Funds Transfer Enrollment Form enclosed).



6. Authorization to Open Account

By signing this application, you acknowledge that you have received and read a copy of the attached "Application Agreement," which contains a predispute arbitration provision. You acknowledge that your signature signifies and constitutes your agreement that this account and your relationship with Schwab will be governed by the Application Agreement and all incorporated agreements and disclosures, including, but not limited to, the Schwab One® Account Agreement and the Charles Schwab Pricing Guide, each as amended from time to time (the "Agreement and Disclosures").

You understand there are fees associated with establishing, maintaining, engaging in transactions in, and transferring assets out of this

account. Unless you have declined the margin feature, you acknowledge that securities securing loans from Schwab may be lent to Schwab and lent by Schwab to others. You also acknowledge that if you trade "on margin," you are borrowing money from Schwab and that you understand the requirements and risks associated with margin borrowing as summarized in the "Margin Borrowing at Schwab: Overview and Disclosure Statement" included with this application.

You also acknowledge that the securities products purchased or sold in a transaction with Schwab (i) are not insured by the Federal Deposit Insurance Corporation ("FDIC"); (ii) are not deposits or other obligations of Schwab and

are not guaranteed by Schwab Bank; and (iii) are subject to investment risks, including possible loss of the principal invested.

For purposes of this Account Application and the attached Application Agreement, the terms "you," "your" and "Account Holder" refer to each person who signs this Account Application and apply with respect to both a person's individual capacity as well as any applicable representative or fiduciary capacity. When the legal owner of assets in the Account is not a natural person, the terms "you," "your" and "Account Holder" also refer to such legal owner. The terms "we," "us," "our" and "Schwab" refer to Charles Schwab & Co., Inc. The term "Schwab Bank" refers to Charles Schwab Bank.

You certify under penalty of perjury that (1) the number shown on this Application is your correct taxpayer number; (2) you are not subject to back-up withholding because (a) you are exempt from back-up withholding, or (b) you have not been notified by the Internal Revenue Service (IRS) that you are subject to back-up withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified you that you are no longer subject to back-up withholding; and (3) you are a U.S. person (including a U.S. resident alien). (You understand that if you have been notified by the IRS that you are subject to back-up withholding as a result of dividend or interest underreporting and you have not received a notice from the IRS advising you that back-up withholding is terminated, you must strike or cross out the information contained in Item 2 above.) The IRS does not require your consent to any provision of this document other than the certification required to avoid back-up withholding.

THE AGREEMENT WITH SCHWAB INCLUDES A PREDISPUTE ARBITRATION CLAUSE. YOU ACKNOWLEDGE RECEIPT OF THE PREDISPUTE ARBITRATION CLAUSE CONTAINED IN SECTION 15, PAGE 2, OF THE SCHWAB ONE ORGANIZATION ACCOUNT APPLICATION AGREEMENT.

PLEASE SIGN AND DATE BELOW IN BLUE OR BLACK INK ONLY. Your signature below will also serve as a signature card.

Signature(s) and Date(s) Required All Authorized Agents must sign.**X**

Authorized Agent Signature

Date

X

Authorized Agent Signature

Date

X

Authorized Agent Signature

Date

X

Authorized Agent Signature

Date

FOR CHARLES SCHWAB USE ONLY:																																					
Branch Office and Account Number																			DDA Number																		
Customer ID Number																				Source Code																	
Approved By											Print Name of Approver										Date																

©2008 Charles Schwab & Co., Inc. All rights reserved. Member SIPC. FTA 04477 (1207-9033) APP13052-18 (02/08)

EXHIBIT 20



Online Account Application

Status: Account Opened

This section is for E*TRADE Securities use only

Type of account:
individual account

Prefix:

Application ID: [REDACTED] 8403

Account features:
Cash accountName:
arkadiy dubovoy

Account: [REDACTED] 6987

User Name: DUBOVOY1

Between-investment fund:
JP Morgan Liquid Assets Money
Market Fund, E*TRADE Class
Shares

Suffix:

Source: S087701

Investment Objective:
GrowthMailing Address:
3374 cedar farms ct
alpharetta GA 30004
United StatesAnnual Income:
\$200,000+Citizenship:
US CitizenLiquid Net Worth:
\$1,000,000+Country of legal residence:
United StatesTotal Net Worth:
\$1,000,000+Social Security:
[REDACTED] 6147Investment Experience:
GoodDate of Birth:
[REDACTED] 1964How often do you trade?
10+ trades per monthEmployer:
APD Developers Inc
6495 shiloh Rd Alpharetta ,GA 30004
USWhat is the purpose and expected
use of the account?
Other (please explain) - day tradingOccupation:
Real EstateDoes anyone other than the
account holder(s) have trading
authorization over the account?
NoEmployer a broker/dealer?
NoDirector, or policy-making office of
publicly-owned company?
No10% shareholder of publicly-owned
company?
NoThis tax information will be used for IRS
reporting.

Account Agreement.

I am of legal age to contract. I acknowledge that I have received, read, and agree to be bound by the terms and conditions as currently set forth in the E*TRADE Securities Customer Agreement as amended from time to time. I acknowledge that I have had the opportunity to read the Privacy Statement/Business Continuity. I ACKNOWLEDGE THAT E*TRADE

SECURITIES LLC DOES NOT PROVIDE INVESTMENT, TAX, OR LEGAL ADVICE OR RECOMMENDATIONS.

Under penalty of perjury, I certify that (1) My Social Security (or taxpayer ID) number shown on this form is my correct number and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding (cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return), and (3) I am a U.S. person (including a U.S. resident alien).

I understand that my name will be supplied to issuers of any securities held in my account so that I might receive any important information from them, unless I notify you in writing not to do so.

I acknowledge that securities held in my Margin account may be pledged, re-pledged, hypothecated, or rehypothecated for any amount due E*TRADE SECURITIES LLC in my account(s) or for a greater amount. I UNDERSTAND THAT THIS ACCOUNT IS GOVERNED BY A PRE-DISPUTE ARBITRATION CLAUSE CONTAINED IN SECTION 7 OF THE E*TRADE SECURITIES CUSTOMER AGREEMENT.

Account Agreement: AGREED Jul/10/2012

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

CONTINUE >

EXHIBIT 21

[About You](#) > [About Your Account](#) > **Review & Confirm** > [Fund](#) > [Next Steps](#)

This is a secure transaction.

Review and Confirm

Questions?

Please review each section carefully and make changes using the appropriate links.

800-343-3548

Instant message a representative

Account Information [Add a Joint Account Holder](#)

The Fidelity Account® **Individual Registration**

Fidelity® Cash Management Account **Individual Registration**

Personal Information

Primary Account Holder **arkadiy dubovoy**

5147

1964

Contact **7771 (daytime)**
dubovoy1@gmail.com

Country of Citizenship **UKRAINE**

Country of Tax Residence **UNITED STATES**

Legal/Residential Address **3374 cedar farms ct**
alpharetta, GA 30004

Mailing Address **3374 cedar farms ct**
alpharetta, GA 30004

Trades per Year (optional) **120+ times per year**

Employment Information [Edit](#)

Employment Status **Employed**
president

Employer Information **APD Developers inc**
6495 shiloh rd
alpharetta, GA 30005

☒ Investment Industry Associations **No**

☒ Corporate Control Status **No**

Account Settings [Edit](#)

Brokerage Core Position **Taxable, Interest-Bearing Account**

Your core position is where your money is held until you invest it.

If you would like to change your core position or view available alternatives, you can do that now or after your account is opened. Click on edit to see alternatives.

Cash Management Core Position **FDIC Insured Deposit Sweep Program**

Cash Management Features **Enrolled**

SEC-FIDELITY-E-0010119

Your cash management account offers convenient access to your cash. You can opt out of any of these features or customize your preferences.

- Fidelity BillPay®
- Free debit/ATM card

- Free unlimited checking

Checks are printed with your name and address. You can edit your account settings to change the information printed on checks.

To enable check writing for your new Fidelity??? Cash Management Account, print, complete, and return the check writing signature form.

Electronic Funds Transfer**Not Enrolled**

Electronic Funds Transfer (EFT) allows you to link your bank account to your account and easily move money once the account is set up.

eDelivery**Enrolled**

eDelivery gives you the option to receive certain account communications by email. The communications listed below will be sent to you in email. You can change your eDelivery preferences now or after your account is opened.

- Account Statements
- Trade Confirmations and Related Prospectuses
- Prospectuses, Shareholder Reports and Other Documents

☐ Save & Finish Later**Confirm My Information**

©1998-2012 FMR LLC
All rights reserved.
[Terms of Use](#) [Privacy](#) [Security](#)

[About You](#) > [About Your Account](#) > **Review & Confirm** > [Fund](#) > [Next Steps](#)

This is a secure transaction.

Agree to Terms

Questions?

800-343-3548

Instant message a representative

1. Open the Customer Agreement and review the Terms & Conditions

Open, read, and print the following document: Customer Agreement (PDF)

Please scroll through for important information related to your account:

Print for your records

TABLE OF CONTENTS

[Terms & Conditions](#)
[Electronic Delivery Terms of Agreement](#)

Terms & Conditions

The owner and custodian/fiduciary must read and agree to the terms of the Customer Agreement and other important information provided in the download link above.

You are at least 18 years of age and of full legal age in the state in which you reside to enter into

To retain these documents, open the Customer Agreement (PDF) or click the links and print the document. If you are unable to view or access any of these documents, please exit this application. You may obtain paper copies of this application or any of these documents listed above at no charge by calling 800-544-6666.

2. Review the taxpayer certifications

You certify under penalties of perjury that:

- The Social Security number or taxpayer identification number you have provided is correct; and
- You are a U.S. citizen or other U.S. person (as defined in the IRS form W-9, including a U.S. resident alien); and
- Unless you have checked the box immediately below these certifications, you are not subject to backup withholding because
 - you are exempt from backup withholding, or
 - you have not been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding as a result of a failure to report all interest or dividends; or
 - the IRS has notified you that you are no longer subject to backup withholding.

☐ Check this box only if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

3. Check the box below to confirm, then click "Agree & Open Account"

- ☒ You acknowledge that you are the person named in this account application, and you have been provided with, have read and understood, and agree to be bound by all the terms and conditions set forth in this application in step 1 as they are currently in effect and as they may be amended in the future, including but not limited to the Fidelity Account® Customer Agreement, Fidelity® Cash Management Account Customer Agreement, Electronic Delivery Terms of Agreement and other documents in electronic format provided in step 1 above. This acknowledgment applies only to this new account application process and delivery of the documents provided above.

This account is governed by a pre-dispute arbitration clause ☐ which is part of the Fidelity Customer Agreement and which is accessible by clicking on the preceding underlined link. I acknowledge receipt of the pre-dispute arbitration clause.

FIMS_RETAIL:990059593

SEC-FIDELITY-E-0010121

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Click the "Agree & Open Account" button to sign this electronic application, to acknowledge and agree to all of the foregoing, to submit your information to Fidelity, and to open your account.

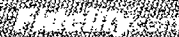
☐ Save & Finish Later

Agree & Open Account

07/09/2012 15:50:52 PM 395706



©1995 - 2012 FMR LLC.
All rights reserved.
[Terms of Use](#), [Privacy](#), [Security](#)



U.S. Stocks Accounts and Funds | U.S. Bonds Accounts and Funds | U.S. International Accounts and Funds

✓ About You > ✓ About Your Account > ✓ Review & Confirm > **Fund** > Next Steps

This is a secure transaction.

Your accounts are ready to fund

Questions?

Your Fidelity Account Number is : **6216**. (use this account for your trading and investing)

800-343-3548

Instant message a representative

Your Fidelity® Cash Management Account number is : **9366**. (use this account for your everyday spending)

Print, complete and return the checkwriting signature form to enable checkwriting on the Fidelity® Cash Management Account.

Click the Continue button to set up a PIN and deposit money into your account.

Continue



©1998 - 2012 FMR LLC

All rights reserved.

[Terms of Use](#) [Privacy](#) [Security](#)

Approved via Batch

ANDREW RIEDMATTER, A034902, 7/9/2012

Approved via Batch


ANDREW RIEDMATTER, A034902, 7/9/2012

EXHIBIT 22

Account Setup

Start New Account

		Account Number	<div>9078</div>
Producer ID	<div>22X1000</div>	Preferred Prefix	<div></div>
Product	<div>CMA - Cash Management Account</div>		
Product type	<div>CMA</div>		
Is this a Pledge Collateral Account?	<div>Please Select</div>	Bank Name	<div></div>
Are the client's assets held at the fund company(out of house)?	<div></div>		
Is this a Managed Product?	<div>Please Select</div>		
Is this a collateral account for foreign exchange trading?	<div><input type="checkbox"/></div>		
Is this a Sub Account?	<div><input type="checkbox"/></div>	Master Account	<div></div>
Escrow	<div><input type="checkbox"/></div>		
What Ownership Type is this Account?	<div>Single</div>	What is the Joint Relationship?	<div>Please Select</div>
		State Code	<div>GEORGIA</div>
Offer Code	<div></div>	Source Code	<div></div>

Roles	
Party	Roles Description
 Arkadiy Dubovoy	Client , Primary Mailing

Individual Profile Information

Select Name Dubovoy, Arkadiy [Primary]	Client Status PROSPECT	Select Embossing Name	Embossing Name
---	---------------------------	-----------------------	----------------

Individual Information

Title	First Name Arkadiy	Middle Name	Last Name Dubovoy	Suffix #1	Suffix #2
DOB (mm/dd/yyyy) [REDACTED] 964	Deceased <input type="radio"/> Yes <input type="radio"/> No	DOD (mm/dd/yyyy)	Tax Id Type <input checked="" type="radio"/> SSN <input type="radio"/> EIN	Tax ID Number [REDACTED]-6147	<input type="checkbox"/> Tax ID applied For
Marital Status MARRIED	Gender <input type="radio"/> M <input type="radio"/> F	Tax ID Application Type	Tax ID Application Date	Preferred FA Number	

☐ Officer or Director

Officer & Director Reason

Party / Family has Special Needs

Source of Relationship
-Select-

Referral Name

Referral Relationship to Client

Tax Residency Country
UNITED STATES OF AMERICA

Verification of Client information

Method of Verification Documentary	Method of Verification Description Verified - IDV (Experian)	Method of Verification Date 7102012	
Country of Citizenship UKRAINE	Country of Dual Citizenship	Country of Residence UNITED STATES OF AMERICA	
Is Greencard in hand? <input checked="" type="radio"/> Yes <input type="radio"/> No	If No, obtain copy of Passport or National ID	Other ID Name	
	Passport/ID Number [REDACTED] 3743	Passport /ID Type STANDARD PASSPORT	
Passport / ID Country of Issue UKRAINE	Passport / ID State of Issue	Passport/ID Date of Issue 8282009	Passport/ID Date of Expiration 8282019

Spouse Information

Select Party

Title/Prefix	First Name	Middle Name	Last Name	Employment Status
Name of Employer				

children Information

Number of Dependent Children

Legal Status Verification

Non Documentary Verification Results

Primary response Code	Primary response Description
Applicant IP Address [REDACTED] 2.114	Identity Data Validation Exact Match

Contact Information**Residential Address**

Country UNITED STATES OF AMERICA

c/o

Attn:

Address Line 1 3374 CEDAR FARMS CT

Address Line 2

City ALPHARETTA

State GEORGIA

Postal Code 30004-3223

☐ Bypass Address Check**Telephone and E-mail**

Phone #1 Type

Phone #1((999)999-9999)

Phone #2 Type

Phone #2(Optional)

Phone #3 Type

Phone #3 (Optional)

Business

7771

E-mail Address Type
HOMEE-mail Address
DUBOVOY1@GMAIL.COM

Preferred Contact Time

Client Preferences & Services☒ MLOL Service**Professional Alliance Group**

Professional Allowance Firm

Professional Allowance Firm ID

Affinity Relationship Service
Please Select

Member Number

Mailing Preferences**Address Selection**

Address Mailing Address - 3374 CEDAR FARMS CT, ALPHARETTA, GA, 30004-3223, UNITED STATES OF AMERIC

FA Preferred E-mail Address HOM - DUBOVOY1@GMAIL.COM

Mail Type**Delivery Preferences****Address**

Account Statement



Daily Activity

Delaware Statement Frequency

Please Select



eDelivery



Paper

Performance Reporting



eDelivery



Paper

Trade Confirmation Delivery



eDelivery



Paper

Shareholder Communication



eDelivery



Paper

☐ eDelivery
☐ Paper

Tax Reporting

☐ eDelivery
☐ Paper

Service Notice

☐ eDelivery
☐ Paper

Employment Information

Employment Status BUSINESS OWNER	Is the account holder employed by: Please Select	Employer Name APD DEVELOPERS	Number of Years Employed 15
Occupation Type Sales	Occupation REAL ESTATE	Occupation 'Other' Description	
Employer's Phone Number	Industry	If Industry is Miscellaneous, explain here	
Position/Title	If Retired, name of former employer		Retirement Date
Family Member employed by SRO Please Select	Family Member Employer Name	<input type="checkbox"/> Firm Employee Privileges Apply	<input type="checkbox"/> This individual Control Person
Spouse Employed by SRO Please Select	Spouse SRO Employer		
Company Symbol	Company Name	Annual Salary 0	Range Please Select
Address Line 1 6495 shiloh rd			
Address Line 2			
City alpharetta	State GEORGIA		
Postal Code 30004			

Financial Information

Household Annual Income 0	Range \$1,000,000 - \$2,999,999	Investable Assets 0	Range \$3,000,000 - \$4,999,999	Estimated Household Net Range Worth 0	Range \$5,000,000 - and over
Liabilities 0	Range Please Select	Source of Income Employment Income		Source of Income is Other, Description	
Residence <input type="radio"/> Own <input type="radio"/> Rent	Years at Residence 0	Source of Wealth REAL ESTATE INVESTING		Source of Wealth Additional Information	

Product Experience

Product Experience (Check all that apply, or check None):

☒ Mutual Funds ☐ Limited Partnerships ☒ Options ☒ Equities ☒ Bonds ☐ Futures ☐ None

Federal Tax Rate (highest marginal)

Trading Experience

☐ Cash ☒ Margin ☐ None

Trading Frequency

Year Began Investing
2002

Enhanced Due Diligence

☐

Politically exposed person.

Politically Exposed Person Status

Politically Exposed Person Reason

☐

A Beneficial Owner who is a Non-US Citizen with accounts in aggregate that are greater than \$1 million (US) dollars

Last Approval

KYC Comments

Mailing Preferences

Primary Mailing Preferences

STENCIL

ARKADIY DUBOVOY
3374 CEDAR FARMS CT
ALPHARETTA GA 30004-3223

MAILING LABEL

ARKADIY DUBOVOY
3374 CEDAR FARMS CT
ALPHARETTA GA 30004-3223

Address Selection

Address Mailing Address - 3374 CEDAR FARMS CT, ALPHARETTA, GA, 30004-3223, UNITED STATES OF AMERICA

Email Address HOM - DUBOVOY1@GMAIL.COM

Mail Type		Delivery Preferences	Address
Account Statement	<input type="checkbox"/> Daily Activity	<input checked="" type="radio"/> eDelivery	HOM - DUBOVOY1@GMAIL.COM
	Statement Link Account	<input type="radio"/> Paper	
Performance Reporting		<input checked="" type="radio"/> eDelivery	HOM - DUBOVOY1@GMAIL.COM
		<input type="radio"/> Paper	
Trade Confirmation Delivery		<input checked="" type="radio"/> eDelivery	HOM - DUBOVOY1@GMAIL.COM
		<input type="radio"/> Paper	
Shareholder Communication		<input checked="" type="radio"/> eDelivery	HOM - DUBOVOY1@GMAIL.COM
		<input type="radio"/> Paper	
Prospectus Delivery		<input checked="" type="radio"/> eDelivery	HOM - DUBOVOY1@GMAIL.COM
		<input type="radio"/> Paper	
Tax Reporting		<input checked="" type="radio"/> eDelivery	HOM - DUBOVOY1@GMAIL.COM
		<input type="radio"/> Paper	
Service Notice		<input checked="" type="radio"/> eDelivery	HOM - DUBOVOY1@GMAIL.COM
		<input type="radio"/> Paper	
Dividend Distribution	<input type="checkbox"/> Daily		
	<input type="checkbox"/> Monthly		

Account Details

Account Nickname	Account Risk Factor	Account Investment Objectives	Account Investor Profile -Select-	Time Horizon	Liquidity Needs
------------------	---------------------	-------------------------------	--------------------------------------	--------------	-----------------

Trade Type

☐ Cash☒ Margin

Account Classification

Fees & Payments

Dividend Distribution

Hold Dividend in account

Services

☐ Affinity Relationship Services

Affinity GRP ID

MBR Number

☐ Class Action Settlement Services

☐ Security Lending

Security Lending Rate

Eligible Investor

Affiliate/Restricted Shares

Mail Agreement

☐ Trust Administrative Advantage Services

Wrap Fee

Principal & Income

Fee Principal

Fee Income

☐ 9/11-USG Financial Advice Service☐ ML Plan

Non-US member

Features

☐ Exxon

☐ Tobacco

Preferences

☐ Confidential Trait

Statement Frequency

Banking Features

Services

☐ Accelerated Access To Assets

Money Funds

☒ Funds

Visa Card Selection

☐ Access

Check Writing Materials

☐ Checks

☐ Order Check Spec Sheet

Electronic Services

☐ Direct Deposit

☐ Fund Transfer

Online Services

☒ Order Entry

☐ Web Bill Pay

Money Fund Sweep Selection

Will eligible statement link assets exceed \$250,000? ☐ Yes ☒ No

Disbursement Priority	Fund Description	Subscription Amount
1	DCDA - BANK DEPOSITS	
Total Subscription Amount		0

Merrill Lynch Online (MLOL)

Online Linking

[Link to 10x](#)[Link to UFID](#)

☒ Create New Link

☐ Select all link groups

☐ None

Address Selection

Delivery Methods

1ST CL

Debit Client

☐ Yes ☐ No

Billing #

Notes

Regulatory / Anticipatory Information

Source Of Deposit

☐ Good Faith Deposit Waived

Deposit Type

☐ Securities ☐ Money

Deposit Amount

0

If Securities, Company Symbol

Buy/Sell Quantity

Source Of Assets/Deposits

-SELECT-

If Source of Assets/Deposits is Other, Description

Purpose Or Expected Use

☐ Derivatives ☐ Futures ☐ Mutual Funds ☐ Private Placement ☐ Equities ☐ Hedge Funds ☐ Unit Trusts

☐ Cash Management ☐ Fixed Income ☐ Limited Partnerships ☐ Structured Products ☐ Foreign Exchange ☐ Options ☐ Other

Derivatives

☐ Equity ☐ Index ☐ Currency ☐ Interest Rate ☐ Commodity

Anticipatory Profiling

	Incoming #	Incoming \$ Amt.	Outgoing #	Outgoing \$ Amt.
Annual Domestic Wires	-Select-	0	-Select-	0
Annual International Wires	-Select-	0	-Select-	0

FA Attestations Section of Regulatory Review

Patriot Act

☒ Client has been advised that the information provided herein may be used to verify their identity.

Privacy Pledge (SEC Requirement)

☐ Client agreed to receive the Privacy Pledge with the New Account Welcome Package.

☒ Privacy Pledge was delivered to Client on: (mm/dd/yyyy)

07/10/2012

Disclose Name and Address

Does the client authorize Merrill Lynch to disclose their name, address, and securities positions to corporate issuers under a SEC rule designed to permit issuers to communicate directly with non-objecting owners?


☒ Yes ☐ No

☐ Available primary money account sweep options have been discussed with the Client(s)

Approval Signatures

Approval Signatures

I, the manager indicated below, have fully reviewed all client and account level information enclosed in this document and hereby certify that, to the best of my knowledge, it is accurate based on the client(s) responses and preferences.

Client eSignature(s)	Date	Manager	Date
Client1 Arkadiy Dubovoy	07/12/2012 09:19 AM	 Pacheco BUN 7620	07/12/2012
Client2			
Client3			
Client4			

Notes History

Created Date Time	Status	Boss Id	Last Name	Notes
07/12/2012 09:19 AM	COMPLETED	BUN 7620	Pacheco	
07/12/2012 09:19 AM	COMPLETED	BUN 7620	Pacheco	
07/12/2012 09:19 AM	COMPLETED	BUN 7620	Pacheco	
07/12/2012 09:19 AM	POST_CREATED	BUN 7620	Pacheco	
07/12/2012 09:19 AM	POST_CREATED	BUN 7620	Pacheco	
07/12/2012 09:19 AM	CREATED	BUN 7620	Pacheco	
07/12/2012 09:19 AM	CREATED	BUN 7620	Pacheco	
07/12/2012 09:19 AM	APPROVED	BUN 7620	Pacheco	
07/12/2012 09:19 AM	PEND_AMR	BUN 7620	Pacheco	
07/12/2012 09:19 AM	PEND_AMR	BUN 7620	Pacheco	
07/12/2012 09:19 AM	PEND_PRINCIPAL_RE	BUN 7620	Pacheco	Margin Approved
07/12/2012 09:19 AM	PEND_PRINCIPAL_RE	BUN 7620	Pacheco	
07/12/2012 09:18 AM	PEND_PRINCIPAL_RE	BUN 7620	Pacheco	Margin Approved
07/12/2012 09:04 AM	PEND_PRINCIPAL_RE	BUN 8705	Canales	
07/12/2012 09:04 AM	PEND_APR	BUN 8705	Canales	
07/12/2012 09:04 AM	PEND_APR	BUN 8705	Canales	
07/12/2012 09:04 AM	PEND_APR	BUN 8705	Canales	
07/12/2012 09:04 AM	PEND_APR	BUN 8705	Canales	
07/12/2012 09:04 AM	PEND_APR	BUN 8705	Canales	
07/12/2012 09:04 AM	PEND_NAT_REVIEW	BUN 8705	Canales	
07/12/2012 09:04 AM	PEND_NAT_REVIEW	BUN 8705	Canales	
07/12/2012 09:04 AM	PEND_NAT_REVIEW	BUN 8705	Canales	entered dated. auto pr. jmc 7/12/12
07/12/2012 09:02 AM	PEND_NAT_REVIEW	BUN 8705	Canales	Value Added For Passport/ID Issue Date As '08/28/2009'
07/12/2012 09:02 AM	PEND_NAT_REVIEW	BUN 8705	Canales	Value Added For Passport/ID Expiry Date As '08/28/2019'

07/12/2012 09:02 AM	PEND_NAT_REVIEW	BUN 8705	Canales	
07/12/2012 08:52 AM	PEND_NAT_REVIEW	BUN 7620	Pacheco	
07/12/2012 08:52 AM	PEND_PRINCIPAL_RE	BUN 7620	Pacheco	Missing PP date of issue and expiration date.
07/12/2012 08:52 AM	PEND_PRINCIPAL_RE	BUN 7620	Pacheco	
07/12/2012 08:04 AM	PEND_PRINCIPAL_RE	BUN 8705	Canales	
07/12/2012 08:04 AM	PEND_APR	BUN 8705	Canales	
07/12/2012 08:04 AM	PEND_APR	BUN 8705	Canales	
07/12/2012 08:04 AM	PEND_APR	BUN 8705	Canales	
07/12/2012 08:04 AM	PEND_APR	BUN 8705	Canales	
07/12/2012 08:04 AM	PEND_APR	BUN 8705	Canales	
07/12/2012 08:04 AM	PEND_NIGO_CALL1	BUN 8705	Canales	
07/12/2012 08:00 AM	PEND_NIGO_CALL1	BUN 8705	Canales	
07/12/2012 08:00 AM	PEND_NIGO_CALL1	BUN 8705	Canales	received pp and gc. updated pp info on wip, sent to pr. auto pr. jmc 7/12/12
07/12/2012 07:58 AM	PEND_NIGO_CALL1	BUN 8705	Canales	Value Added For Passport/ID Country of Issue As '804'
07/12/2012 07:58 AM	PEND_NIGO_CALL1	BUN 8705	Canales	Value Added For Passport/ID Type As 'SP'
07/12/2012 07:58 AM	PEND_NIGO_CALL1	BUN 8705	Canales	Value Added For Green Card in Hand As 'Y'
07/12/2012 07:58 AM	PEND_NIGO_CALL1	BUN 8705	Canales	Value Added For Passport/ID # As 'p0843743'
07/12/2012 07:58 AM	PEND_NIGO_CALL1	BUN 8705	Canales	
07/11/2012 09:37 AM	PEND_NIGO_CALL1	BUN 3730	Marrs	
07/11/2012 09:37 AM	PEND_NIGO_CALL1	BUN 3730	Marrs	
07/11/2012 09:37 AM	PEND_NIGO_CALL1	BUN 3730	Marrs	
07/11/2012 09:37 AM	PEND_NIGO_CALL1	BUN 3730	Marrs	
07/11/2012 09:37 AM	PEND_NIGO_CALL1	BUN 3730	Marrs	
07/11/2012 09:37 AM	PEND_NAT_REVIEW	BUN 3730	Marrs	Arkadiy will need to provide copies of passport and green card. No docs on file w/acct (5ba-42e26). IDV exact match. Nigo 1
07/11/2012 09:37 AM	PEND_NAT_REVIEW	BUN 3730	Marrs	
07/10/2012 02:47 PM	PEND_NAT_REVIEW	BUN 8692	Millar	

07/10/2012 02:47 PM	PEND_PRINCIPAL_RE	BUN 8692	Millar	Client is RA additional docs are required.
07/10/2012 02:47 PM	PEND_PRINCIPAL_RE	BUN 8692	Millar	
07/10/2012 12:19 PM	PEND_PRINCIPAL_RE	BWEB1111	MLDCLIENT	
07/10/2012 12:19 PM	PEND_APR	BWEB1111	MLDCLIENT	
07/10/2012 12:19 PM	PEND_APR	BWEB1111	MLDCLIENT	
07/10/2012 12:19 PM	PEND_APR	BWEB1111	MLDCLIENT	
07/10/2012 12:19 PM	CREATED	BWEB1111	MLDCLIENT	
07/10/2012 12:19 PM	CREATED	BWEB1111	MLDCLIENT	
07/10/2012 12:19 PM	CREATED	BWEB1111	MLDCLIENT	
07/10/2012 12:19 PM	CREATED	BWEB1111	MLDCLIENT	
07/10/2012 12:19 PM	CREATED	BWEB1111	MLDCLIENT	
07/10/2012 12:19 PM	CREATED	BWEB1111	MLDCLIENT	
07/10/2012 12:18 PM	CREATED	BWEB1111	MLDCLIENT	
07/10/2012 12:18 PM	PENDING	BWEB1111	MLDCLIENT	
07/10/2012 12:18 PM	PENDING	BWEB1111	MLDCLIENT	
07/10/2012 12:18 PM	PENDING	BWEB1111	MLDCLIENT	
07/10/2012 12:17 PM	PENDING	BWEB1111	MLDCLIENT	
07/10/2012 12:17 PM	PENDING	BWEB1111	MLDCLIENT	
07/10/2012 12:17 PM	PENDING	BWEB1111	MLDCLIENT	
07/10/2012 12:15 PM	PENDING	BWEB1111	MLDCLIENT	
07/10/2012 12:15 PM	PENDING	BWEB1111	MLDCLIENT	
07/10/2012 12:15 PM	PENDING	BWEB1111	MLDCLIENT	WIP Created

EXHIBIT 23



Account #: [REDACTED] 0584

BROKERAGE ACCOUNT APPLICATION

Branch Address: 3710 Old Milton Pkwy, Ste 103
Alpharetta, GA 30005

Branch Phone Number: 678-762-0410
Branch 800 Number: 877-716-1980
Branch Fax Number: 678-762-0411

Account Information

Account Type: Individual
Trading Type: Internet
Margin Borrowing: No
Options Trading: No
Referred By:

Applicant Information

Name: Arkadiy Dubovoy
E-mail Address: Leonard4m@gmail.com
Home Phone: [REDACTED]-3476 (Primary)
Work Phone: 404-925-3476
Cell Phone:
Fax Number:
Date of Birth: [REDACTED]/1964
Social Security Number: [REDACTED]-6147
Applicant Street Address: 3374 Cedar Farms Ct
Alpharetta, GA 30004-3223
Applicant Mailing Address: 3374 Cedar Farms Ct
Alpharetta, GA 30004-3223

Applicant Citizenship

Are you a U.S. citizen? No
Country of Citizenship: UA
Are you a U.S. permanent resident? Yes
Alien Registration Number: [REDACTED] 60681
Visa Type:

Applicant Employment Information

Status: Employed
Occupation: Construction
Employer: APD Custom Homes
Employer Address: 3421 Preston Pointe Way
Cumming GA, GA 30041

Applicant Regulatory Information

Is any applicant employed by or affiliated with a securities firm, a securities exchange, or the NASD?

Yes ☐ No ☒

Name and Address of Compliance
Department:

Is an applicant a "control person" or "affiliate" of a public company as defined by the SEC?

Yes ☐ No ☒

Company Name:

Trading Symbol:

Is any applicant or member of immediate family or business associate a senior foreign political official?

Yes ☐ No ☒

Electronic Delivery

Electronic Delivery of Account Statements: Yes

Electronic Delivery of Trade Confirmations: Yes

Broker Assisted Trading (Traditional Accounts Only)

Mail or Hold Proceeds:

Mail or Hold Dividends:

I certify under penalties of perjury (1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien). The IRS does not require your consent to any provision of this agreement other than the certification required to avoid back-up withholding.

☐ I have been notified by the IRS that I am subject to backup withholding.

By signing this agreement I acknowledge that I have received, read and agree to abide by the terms of the accompanying Brokerage Account Agreement which contains a pre-dispute arbitration clause at paragraph 29.

Date

Applicant

MARGIN AGREEMENT - ALSO SIGN BELOW ONLY IF YOU DESIRE A MARGIN ACCOUNT

By signing this agreement I acknowledge that I have received and read the accompanying Brokerage Account Agreement Paragraphs 53 through 58, and addendum 7, and agree to be bound by the terms and conditions described therein.

Date

Applicant

EXHIBIT 24

BEGIN FORM - Terms and Conditions Effective Wednesday, February 12, 2014 at 14:31:26



For Internal Use Only

Account Number: [REDACTED] 751
Type: Individual
Registration: Cash & Margin
Date Promoted: 12/16/2010 00:20
Principal Approving: MIKE REGAN
Branch ID: ATL 92480
Referrer: direct
Ad Code: WEB
Offer Code: 187

Mailing Address

Standard Delivery:
Overnight:
Fax:

PO Box 2760, Omaha, NE 68103-2760
200 S. 108th Ave, Omaha, NE 68154-2631
866-468-6268

New Account Information

Type:
Registration:
Receive Corp. Communications:
E-mail Address:
Account Statement:
Trade Confirmation:
Funding:
Sweep Vehicle:

Individual
Cash & Margin
No
DUBOVOY1@GMAIL.COM
Monthly Electronic
Electronic
Wire
IDA (FDIC) Product

Account Owner

Name:
Street Address:

MR ARKADIY DUBOVOY
3374 CEDAR FARMS CT
ALPHARETTA, GA 30004-3223
UNITED STATES OF AMERICA

Marital Status:
Home Phone:
Social Security Number:
Date of Birth:
Mother's Maiden Name:
Citizenship:
Employment Status:
Occupation:
Employer:
Employment Address:

Single
[REDACTED] 6657771
[REDACTED] 2-6147
[REDACTED] 1/1964
BABENKO
US Citizen/Permanent Resident
Employed
PRESIDENT
APD DEVELOPERS INC.
6495 SHILOH ROAD SUITE 400
ALPHARETTA, GA 30004
UNITED STATES OF AMERICA
No
No

Corporate Affiliation:
NASD Affiliation:

Financial Questionnaire

Income: \$250,000+
Networth: \$2,000,000+
Liquid Networth: \$2,000,000+
Number of Dependents: 3

CASH & MARGIN AGREEMENT

Under penalties of perjury, I certify (1) that the Social Security Number shown on this form is my correct taxpayer identification number and (2) that I am not subject to backup withholding and (3) I am a U.S. person (including a resident alien); provided, however, if I am a nonresident alien as disclosed in this application, I do not certify that I am a U.S. person and I understand that I must submit a W-8BEN Form, if I have been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of dividend or interest underreporting, I must cross out (2) in this certification.

I have received and read the "Client Agreement," which is incorporated by this reference, that will govern my account. I agree to be bound by this Client Agreement, as amended from time to time, and request an account to be opened in the names(s) set forth below.

The Client Agreement applicable to this brokerage account agreement contains predispute arbitration clauses. By signing this agreement the parties agree to be bound by the terms of the agreement including the arbitration agreement located in section 12 of the Client Agreement.

Important Information about procedures for opening a new account:

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also utilize a third-party information provider for verification purposes and/or ask for a copy of your driver's license or other identifying documents.

The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Date

X
MR ARKADIY DUBOVOY
Account Number [REDACTED] 4751

For Introducing Broker use only

R.R. - Gen. Prin.

Date

For TD Ameritrade Clearing, Inc. use only

Margin account approval (initial & date):

New Accounts Opened By (initial & date):

Account Number: [REDACTED] 4751

END FORM - Terms and Conditions Effective Wednesday, February 12, 2014 at 14:31:26

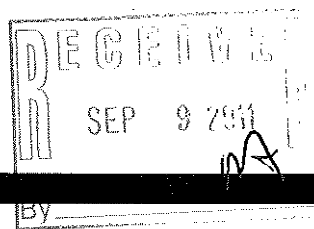
EXHIBIT 25



Business Account Application

PO Box 2760 • Omaha, NE 68103-2760
Fax: 816-243-3769

Questions? Call a New Accounts representative at 800-276-8746.



1. TYPE OF ACCOUNT (Please select only one. Additional paperwork may be required.)

- ☒ Corporate - If this is an S-Corporation, please check here ☐
☐ Non-Incorporated Organization
☐ Sole Proprietorship (proof of filing of assumed name is required)

2. FUNDING YOUR ACCOUNT

Please consult the TD Ameritrade Account Handbook for funding guidelines.

I will be funding with:

- ☒ A check. Please make check payable to TD Ameritrade.
☐ A wire transfer to be initiated after account opening. Please contact TD Ameritrade prior to initiating the wire transfer.
☐ A transfer of assets from an existing account. Please complete and include an Account Transfer Form and a copy of your most recent statement.
☐ A transfer from an existing TD Ameritrade account. Please complete and include an Internal Transfer Form.
☐ Stock certificates. Please contact TD Ameritrade prior to submitting certificates.

3. ENTITY INFORMATION

Title of Entity: <u>Apd Developers Inc.</u>		
Tax ID Number: (U.S. Social Security Number, if applicable)	<u>99495</u>	Date of Formation: (MM-DD-YYYY) <u>09-24-1997</u>
Contact Name: <u>Arkadiy Dubovoy</u>		
Business Address: (no PO box or mail drop) <u>6495 Shiloh Rd Ste 400</u>		
City: <u>Alpharetta</u>	State: <u>GA</u>	ZIP Code: <u>30005</u>
Mailing Address: (if different from above)		
City:	State:	ZIP Code:
Primary Phone: <u>678-845-0044</u>	Secondary Phone: <u>678-7771</u>	Fax Number:
Email Address (required for electronic delivery of your account statement and trade confirmations): <u>dubovoy01@gmail.com</u>		
<input checked="" type="checkbox"/> U.S. Entity <input type="checkbox"/> Foreign Entity - Country of Formation: (complete appropriate Form W-8)		State/Province of Formation: <u>GA</u>
Meeting/Resolution Date: (MM-DD-YY) <u>09-24-1997</u>		
Nature of Business: <u>Commercial developer.</u>		
If this entity is a publicly traded company, please specify the stock symbol:		

4. AFFILIATIONS

- ☐ Check here if any Officer, any member of their immediate family, or any business associate of theirs is a senior political figure (SPF). Specify the name of the Officer/Authorized Agent, the name of the SPF, political title, relationship to the Officer and country of office:
- ☐ Check here if any Officer is a director, 10% shareholder or policy-making officer of a publicly traded company. Specify the name of the Officer, the company ticker symbol, name, address, city and state/province:
- ☐ Check here if any Officer is licensed or employed by a registered broker/dealer, securities exchange or member of a securities exchange. We must receive a compliance letter along with this application. Specify the name of the Officer:



5. PRESIDENT OR SOLE PROPRIETOR INFORMATION☒ I am the sole officer.

Full Legal Name: <u>Arkady Dubovoy</u>		
Date of Birth: (MM-DD-YYYY) <u>1964</u>	U.S. Social Security Number (SSN)* <u>6147</u>	
Home Address: (no PO box or mail drop) <u>3374 Cedar Farms Ct</u>		
City: <u>Alpharetta</u>	State: <u>GA</u>	ZIP Code: <u>30004</u>
Please specify if you are: <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student		Source of income (if retired or unemployed):
Employer Name: <u>App Developers Inc.</u>		Occupation/Type of Business: <u>developer</u>
Employer Street Address: <u>6495 Shiloh Rd Ste 400</u>		
City: <u>Alpharetta</u>	State: <u>GA</u>	ZIP Code: <u>30005</u>

6. VICE PRESIDENT INFORMATION

Full Legal Name:		
Date of Birth: (MM-DD-YYYY) _____	U.S. Social Security Number: (SSN)* _____	
Home Address: (no PO box or mail drop)		
City:	State:	ZIP Code:
Please specify if you are: <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student		Source of income (if retired or unemployed):
Employer Name:		Occupation/Type of Business:
Employer Street Address:		
City:	State:	ZIP Code:

7. TREASURER INFORMATION

Full Legal Name:		
Date of Birth: (MM-DD-YYYY) _____	U.S. Social Security Number: (SSN)* _____	
Home Address: (no PO box or mail drop)		
City:	State:	ZIP Code:
Please specify if you are: <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student		Source of income (if retired or unemployed):
Employer Name:		Occupation/Type of Business:
Employer Street Address:		
City:	State:	ZIP Code:

*If none, please submit a photocopy of your passport.

8. TRADE CONFIRMATIONS AND ACCOUNT STATEMENTS

You will receive monthly account statements and trade confirmations electronically, unless you make a selection below. If a valid email address is not provided, you will receive a quarterly paper statement or a monthly paper statement. Certain types of accounts or activity (such as options trading) require a monthly statement, either electronically or via U.S. mail. You will be responsible for any fees that apply. Accounts with a total liquidation value of \$100,000 or an average of five trades per month over a three-month period are eligible to receive free paper statement and confirmation delivery.

Please note: If you elected to receive either electronic statements or electronic confirmations, you will receive shareholder information electronically when available.

Account Statement: ☒ Electronic Monthly ☐ Paper Monthly (\$2 fee may apply each month) ☐ Paper Quarterly (\$2 fee may apply each quarter)

Trade Confirmations: ☒ Electronic ☐ Paper (\$2 fee for each confirmation may apply)

☐ Unless I have checked this box, TD Ameritrade will provide my name to corporations whose securities I hold in my account for the purpose of additional corporate communications.

9. INVESTMENTS PERMITTED

The undersigned certify that the entity may open a brokerage account and enter into purchases and sales of securities in a cash account as well as other types of transactions indicated below:

☒ Margin

Options: ☒ Write covered calls, write cash-secured puts

☒ Purchase options

☒ Create spreads

☒ Write uncovered options

10. FINANCIAL INFORMATION

Please provide all of the following financial information. Financial information is based on the entity. **All qualified accounts are opened as margin accounts.** A margin account allows you to borrow from TD Ameritrade against certain securities as your collateral. A decline in the value of your securities may require you to provide additional funds, or force the sale of securities in your account. Selling short can expose you to potentially unlimited risk. To learn more about the potential benefits of margin borrowing and the associated risks involved, read the Margin Account Handbook.

☐ Check this box to decline margin privileges and open the account as cash-only.

Annual Income:	<input type="checkbox"/> \$0-\$24,999	<input type="checkbox"/> \$25,000-\$49,999	<input type="checkbox"/> \$50,000-\$99,999	<input checked="" type="checkbox"/> \$100,000-\$249,999	<input type="checkbox"/> \$250,000+
Approximate Net Worth (not including residence)	<input type="checkbox"/> \$0-\$14,999	<input type="checkbox"/> \$15,000-\$49,999	<input type="checkbox"/> \$50,000-\$99,999	<input checked="" type="checkbox"/> \$100,000-\$249,999	<input type="checkbox"/> \$250,000+
	<input type="checkbox"/> \$250,000-\$499,999	<input type="checkbox"/> \$500,000-\$999,999	<input type="checkbox"/> \$1,000,000-\$1,999,999	<input checked="" type="checkbox"/> \$2,000,000+	
Approximate Liquid Net Worth (cash, stocks, etc.)	<input type="checkbox"/> \$0-\$14,999	<input type="checkbox"/> \$15,000-\$49,999	<input type="checkbox"/> \$50,000-\$99,999	<input checked="" type="checkbox"/> \$100,000-\$249,999	<input type="checkbox"/> \$250,000+
	<input type="checkbox"/> \$250,000-\$499,999	<input type="checkbox"/> \$500,000-\$999,999	<input type="checkbox"/> \$1,000,000-\$1,999,999	<input checked="" type="checkbox"/> \$2,000,000+	

11. OPTIONS ACCOUNT

By completing Section 11, we are requesting an options account to be opened. Due to the risks involved in options, we understand you are required to obtain the following information. The Financial Information section must be completed to be considered for options.

ENTITY INFORMATION

Number of Dependents: 1

Funds Available for Options Trading: ☐ \$0-\$1,999 ☐ \$2,000-\$4,999 ☐ \$5,000-\$19,999 ☐ \$20,000-\$49,999 ☒ \$50,000+

Years of Investment Experience: ☐ Less than 1 ☐ 1-2 ☒ 3-5 ☐ 6-9 ☒ 10+

Investment Knowledge: ☐ Limited ☐ Good ☒ Extensive ☐ Professional trader

Average Transaction Size: ☐ Under \$1,000 ☐ \$1,001-\$2,000 ☒ \$2,001-\$5,000 ☐ Over \$5,000

Number of Transactions Per Year: ☐ Fewer than 10 ☐ 10-19 ☒ 20-49 ☐ 50+

Types of Transactions: (Check all that apply.) ☒ Stocks ☒ Bonds ☒ Options

What Are Your Options Investment Objectives? (Check all that apply.) ☒ Growth ☒ Speculation ☒ Income ☐ Conservation of Capital

What Type of Activity Do You Plan to Conduct in Your Options Account?

<input type="checkbox"/> Tier 1 - Covered Write covered calls Write cash-secured puts	<input type="checkbox"/> Tier 2 - Standard Cash Purchase options Write covered calls Write cash-secured puts	<input type="checkbox"/> Tier 2 - Standard Margin Create spreads Purchase options Write covered puts Write covered calls Write cash-secured puts Requires Margin Account	<input checked="" type="checkbox"/> Tier 3 - Advanced Write uncovered options Create spreads Purchase options Write covered puts Write covered calls Requires Margin Account
---	---	--	--

12. CASH SWEEP VEHICLE CHOICES (Please select only one.)

We offer you choices in managing all aspects of your portfolio. This includes offering different programs to earn interest on the cash in your account through our Cash Balance programs. See the Client Agreement for a complete description of the Cash Sweep program. **If you do not make a selection, your cash balances will be swept to the TD Ameritrade FDIC Insured Deposit Account. Other sweep choices are available for clients with a household value greater than \$500,000 and cash balances of more than \$100,000.**

☐ TD Ameritrade FDIC Insured Deposit Account (IDA)

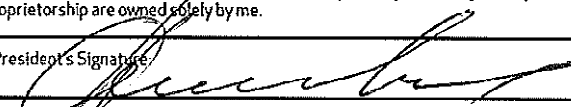
☒ TD Ameritrade Cash (Protected by the Securities Investor Protection Corporation (SIPC))

13. ACCOUNT AGREEMENT

In this agreement, "Account Owner," "I" and "my" refer to the entity for which this account is established and/or the natural person(s) authorized to represent and act on behalf of the entity. Under penalties of perjury, I certify (1) that the Social Security Number shown on this form is my correct taxpayer identification number, (2) that I am not subject to backup withholding, and (3) that I am a U.S. person (including a resident alien); provided, however, if I am a nonresident alien as disclosed in this application, I do not certify that I am a U.S. person and I understand that I must submit a Form W-8BEN. If I have been notified by the IRS that I am subject to backup withholding as a result of dividend or interest underreporting, I must cross out (2) in this certification. I acknowledge that I have received and read the "Client Agreement," available at www.tdameritrade.com or by calling 800-276-8746, that will govern my account. I agree to be bound by the Client Agreement which may be amended from time to time and which is incorporated by this reference. I release and agree to indemnify and hold harmless TD Ameritrade, Inc., its divisions and affiliates thereof ("TD Ameritrade") from any and all liability and claims for damages resulting from any action taken pursuant to this Agreement. By my signature below, I attest that I am of legal age to contract and that the information contained in this application is true and correct. I hereby request, subject to acceptance by TD Ameritrade, an account be opened in the name(s) set forth above. **The Client Agreement applicable to this brokerage account agreement contains predispute arbitration clauses. By signing this agreement, the parties agree to be bound by the terms of the agreement, including the arbitration agreement located in Section 12 of the Client Agreement.** All securities, dividends and proceeds will be held at TD Ameritrade Clearing, Inc. unless otherwise instructed. I understand that TD Ameritrade may obtain a current consumer or credit report to determine my eligibility, or continuing eligibility, for credit or for other legitimate business purposes. Any decision by TD Ameritrade to extend credit may be based on information contained in a consumer or credit report, as well as the policies of TD Ameritrade Clearing, Inc. I understand that TD Ameritrade may relate information regarding this account, including account delinquency and voluntary closures, to consumer or credit reporting agencies. Upon my request, TD Ameritrade shall inform me of each consumer or credit reporting agency from which they have obtained and/or reported my consumer or credit report. TD Ameritrade agrees to notify the consumer or credit reporting agencies if I dispute the completeness or accuracy of the information furnished by TD Ameritrade. By my signature below, I authorize TD Ameritrade to obtain consumer or credit reports for the name(s) set forth below. I understand that non-deposit investments purchased through TD Ameritrade are not insured by the Federal Deposit Insurance Corporation (FDIC), are not obligations of or guaranteed by any financial institution and are subject to investment risk and loss that may exceed the principal invested. **Important information about procedures for opening a new account: To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also utilize a third-party information provider for verification purposes and/or ask for a copy of your driver's license or other identifying documents. The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding. All Authorized Agents and Officers must provide their signatures below.**

If an options account has been requested, we (Authorized Agents) agree to abide by the rules of the listed options exchanges and the Options Clearing Corporation, and will not violate current position and exercise limits. We are aware of the risks involved in options trading and represent the fact that the Entity is financially able to bear such risks and withstand options-trading losses.

If this is a Sole Proprietorship account, I certify that I am engaged in business under the assumed name, tax ID, and address listed in Section 3 of this application. I am the sole proprietor of the business so conducted, and no other person, partnership or corporation has any ownership interest therein. All securities and other property in the name of the sole proprietorship are owned solely by me.

<input checked="" type="checkbox"/> President's Signature: 	Date: 09-09-2011
<input checked="" type="checkbox"/> Vice President's Signature:	Date: _____
<input checked="" type="checkbox"/> Treasurer's Signature:	Date: _____

I hereby certify I am the Secretary of the above-named corporation (or non-incorporated association) duly organized and existing under the laws of the above-named state, and that the following is a true copy of a resolution duly adopted by the board of directors of said corporation (or non-incorporated association) at a meeting held on the date stated in Section 3, at which meeting a quorum was present and acting throughout, or by unanimous consent of the board of directors, and that such resolution has not been rescinded or modified and is in full force and effect.

RESOLVED, that the President, Vice President and the Treasurer of this corporation (or non-incorporated association), or any one of such officers, are hereby fully authorized and empowered to open a brokerage account, transfer, endorse, sell, assign, set over and deliver any and all shares of stock, bonds, debentures, notes, evidences of indebtedness or other securities (including short sales) now or hereafter standing in the name of or owned by this corporation (or non-incorporated association), to purchase stocks, bonds, debentures, notes, evidences of indebtedness and other securities (on margin or otherwise), and to make, execute, and deliver, under the corporate seal of this corporation, any and all written instruments necessary or proper to effectuate the authority hereby conferred.

I further certify that the authority hereby conferred is consistent with the charter or bylaws of this corporation (or non-incorporated association). Unless indicated above that I am a sole officer, the previous is a true and correct list of the officers of this corporation (or non-incorporated association) as of the present date and a record of the officers' signatures:

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of said corporation (or non-incorporated association) this date:

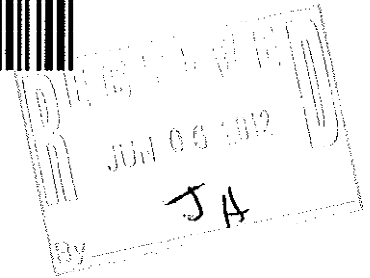
<input checked="" type="checkbox"/> Secretary's Signature (or sole officer):	Date: _____
Printed Name of Secretary: _____	

Investment Products: Not FDIC Insured * No Bank Guarantee * May Lose Value

TD Ameritrade, Division of TD Ameritrade, Inc., member FINRA/SIPC/NFA and TD Ameritrade Clearing, Inc., member FINRA/SIPC. TD Ameritrade is a trademark jointly owned by TD Ameritrade IP Company, Inc. and The Toronto-Dominion Bank. © 2011 TD Ameritrade IP Company, Inc. All rights reserved. Used with permission.

EXHIBIT 26

BEGIN FORM - Terms and Conditions Effective: Wed Jun 06 08:54:13 CDT 2012



Ameritrade



Official Sponsor

For Internal Use Only	
Account Number:	3268
Type:	Individual
Registration:	Cash, Margin, & Option
Referrer:	direct
Ad Code:	YUD
Offer Code:	206
Branch ID:	ATL 92480
Branch Rep ID:	HLJ

Mailing Address

Standard Delivery:
Overnight Delivery:
Fax:

PO Box 2760, Omaha, NE 68103-2760
1005 N. Ameritrade Place, Bellevue, NE 68005
866-468-6268

New Account Information

Type:
Registration:
Receive Corp. Communications:
Email Address:
Account Statement:
Trade Confirmation:
Funding:
Sweep Vehicle:

Individual
Cash, Margin, & Option
Yes
dubovoy1@gmail.com
Monthly Electronic
Electronic
Check
TD AMERITRADE FDIC Insured Deposit Account (IDA)
(FDIC-insured/Not covered by SIPC)

Primary Account Owner

Name:
Street Address:

IGOR DUBOVOY
13366 FREEMANVILLE RD
ALPHARETTA, GA 30004
UNITED STATES OF AMERICA
Married

Marital Status:
Home Phone:
Social Security Number:
Date of Birth:
Mother's Maiden Name:
Citizenship:

7771
7286
986
babenko
US Citizen/Permanent Resident

Employment Status:
Occupation:
Employer:
Employer Address:

Employed
CEO
Emerald Mangament
13366 Freemanville Rd
Alpharetta, GA 30004
UNITED STATES OF AMERICA

Corporate Affiliation:
NASD Affiliation:

No
No

Financial Questionnaire

Income:
Networth:
Liquid Networth:
Number of Dependents:

\$250,000 +
\$2,000,000 +
\$2,000,000 +
2

Investment Experience

Available Option Funds:	\$50,000 +
Years of Experience:	10 +
Number of Transactions:	50 +
Average Transaction Size:	Over \$5,000
Investment Knowledge:	Extensive
Types of Transactions:	Stocks Options

Option Agreement

Option Objectives:	Speculation Income Growth
Option Activities:	Write Uncovered Options Write Covered Options Create Spreads Purchase Options

CASH MARGIN OPTION AGREEMENT

Under penalties of perjury, I certify (1) that the Social Security Number shown on this form is my correct taxpayer identification number and (2) that I am not subject to backup withholding and (3) I am a U.S. person (including a resident alien); provided, however, if I am a nonresident alien as disclosed in this application, I do not certify that I am a U.S. person and I understand that I must submit a W-8BEN Form. If I have been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of dividend or interest underreporting, I must cross out (2) in this certification.

I have received and read the "Client Agreement," which is incorporated by this reference, that will govern my account. I agree to be bound by this Client Agreement, as amended from time to time, and request an account to be opened in the names(s) set forth below.

The Client Agreement applicable to this brokerage account agreement contains predispute arbitration clauses. By signing this agreement the parties agree to be bound by the terms of the agreement including the arbitration agreement located in section 12 of the Client Agreement.

Important Information about procedures for opening a new account:


To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also utilize a third-party information provider for verification purposes and/or ask for a copy of your driver's license or other identifying documents.

I hereby apply for an options account. I have received and read the "Client Agreement" that will govern my account, and agree to be bound by this client agreement as currently in effect and as amended from time to time. I am aware of the risks involved in options trading and represent that I am financially able to bear such risks and withstand options-trading losses.

The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.


Date


IGOR DUBOVOY
Account Number: XXXXXXXXXX 3268

For Introducing Broker use only

R.R. - Gen. Prin.

Date

Option Prin.

Date

_____ Writing Covered Options	_____ Purchasing Options	_____ Creating Spreads	_____ Writing Uncovered Options
Date Options Disclosure Document mailed or given to customer: _____			
Accepted and Approved by <i>TD Ameritrade Clearing, Inc.</i> By: _____ Date: _____			
For <i>TD Ameritrade Clearing, Inc.</i> use only			
Margin account approval (initial & date): _____		New Accounts Opened By (initial & date): _____	

Account Number: [REDACTED] 3268

END FORM - Terms and Conditions Effective: Wed Jun 06 08:54:13 CDT 2012

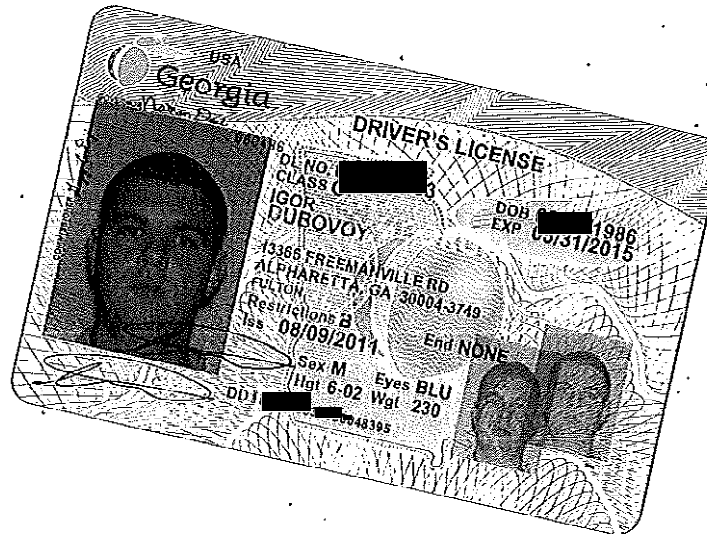


EXHIBIT 27

Subject: Boni bbt account wires
From: Igor Dubovoy <dubovoy1@gmail.com>
Received(Date): Sat, 30 Jun 2012 17:23:05 +0300
To: Dad <dubovoy01@gmail.com>

Вошли

APD Developers \$130,000.00
Bremen Global Assets \$40,000.00
Tanigold Assets (Паша) \$64,585.00
Arkadiy Schwab (Investment) \$200,000.00
Ameritrade (? Можно посчитать как инвестмент) \$119,000.00
APD Schwab \$ 150,000.00
Ruckland industries (Паша Украина ???) \$20,000.00
Md Company (Паша Украина ???) \$248,842.56
Valyna Group (Паша Украина ???) \$1,047,526.00

Того вошло \$2,019,953.56
-Arkadiy invest \$200,000.00
-Ameritrade invest \$119,000.00
Того вошло минус инвестмент \$1,700,953.56

Ушло

Apd Developers (wire \$325,00.00+check \$1,015,000.00) = \$1,340,000.00
Arkadiy Dubovoy \$14,000.00
Schwab \$130,000.00
Mangold Tradestar \$20,000.00
Md Company \$50,000.00
Mozaika \$195,000.00
Lia Pychnenko \$40,000.00
Tanigold (Паша) \$40,000.00

Того ушло \$1,834,000.00

Igor Dubovoy

EXHIBIT 28

From: "OH - New Accounts" <NewAccounts@optionshouse.com>
To: "docimaging@apexclearing.com" <docimaging@apexclearing.com>
CC: "Paul Oldani" <poldani@optionshouse.com>, "Margaret Glennon" <mglennon@optionshouse.com>, "Lia Roby" <lroby@optionshouse.com>, "John McCallum" <jmccallum@optionshouse.com>
Sent: 4/3/2014 9:50:49 AM
Subject: New Accounts - 04/03/2014 - Entities

Attachments:
"20140403092831467.pdf"

██████7315
██████0944
██████1241
██████1251

See http://www.peak6.com/email_disclaimer/ for terms and conditions related to this email

See <http://www.apexclearing.com/email-disclaimer/> for terms and conditions related to this email

optionshouse[△]
P.O. Box 812
Chicago, IL 60690
PHONE: (877) 653-2500
FAX: (888) 492-2478

Title: _____

Name _____	Signature _____
SSN, FED ID, Cedula, NIT# _____	ID Number _____
ID Type _____	Expiration Date _____ Issued By _____ Issued Date _____
Date of Birth _____	Residential Address _____

I certify that I am the sole officer and sole director of the aforementioned corporation. _____

You may rely upon any certification given in accordance with these resolutions, as continuing fully effective unless and until you receive due written notice of a change in or the rescission of the authority so evidenced herein. In the event of any change in the officer or powers of persons hereby empowered, the Secretary shall certify such changes to you in writing, which notification, when received, shall be adequate both to terminate the powers of the persons therefore authorized, and to empower the person thereby substituted.

The Corporation is formed to engage in the business of investment and represents that it is not a commodity pool operator. The Corporation is incorporated in Georgia and has its principal place of business in Georgia.
(Name of Jurisdiction) (Name of jurisdiction)

The following 3 yes or no questions must be answered:

1. As defined in Section 5318(j) of Title 31 United States Code, the Corporation is a shell bank: YES _____ NO X;
2. or a business offering services to a shell bank: YES _____ NO X;
3. or a foreign bank: YES _____ NO X.

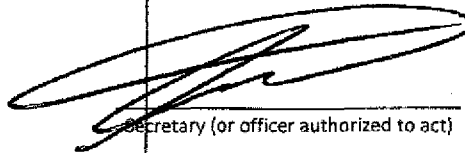
If so please complete and return the Certification Regarding Correspondent Accounts.

IN WITNESS WHEREOF, I have hereunto affixed my hand this 26 day of March, 2014

SEAL

No Seal

(If there is no seal, please write "No Seal" along with your initials)


Secretary (or officer authorized to act)

**** Other Documents Required: ****

1. SS4 letter from the IRS
2. Current Articles of Incorporation
3. If your Articles of Incorporation do not list all members of the entity, we also require a copy of your Operating Agreement or Stockholder's Agreement that lists all members.

From: "OH - New Accounts" <NewAccounts@optionshouse.com>
To: "docimaging@apexclearing.com" <docimaging@apexclearing.com>
CC: "Paul Oldani" <poldani@optionshouse.com>, "Margaret Glennon" <mglennon@optionshouse.com>, "Lia Roby" <lroby@optionshouse.com>, "John McCallum" <jmccallum@optionshouse.com>
Sent: 4/3/2014 9:50:49 AM
Subject: New Accounts - 04/03/2014 - Entities

Attachments:
"20140403092831467.pdf"

██████ 7315
██████ 0944
██████ 1241
██████ 1251

See http://www.peak6.com/email_disclaimer/ for terms and conditions related to this email

See <http://www.apexclearing.com/email-disclaimer/> for terms and conditions related to this email

Corporate Account Agreement

optionshouse[△]

P.O. Box 812
Chicago, IL 60690
PHONE: (877) 653-2500
FAX: (866) 492-2478

(AUTHORIZING TRADING IN SECURITIES FUTURES AND COMMODITIES
AND PERMITTING MARGIN TRANSACTIONS, OPTIONS AND SHORT SALES)

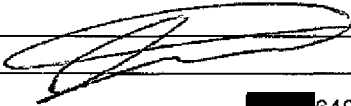
Account Number: _____

I, Igor Dubovoy, being the Secretary of Boni Inc hereby certify that the annexed resolutions were duly adopted at a meeting of the Board of said Corporation, duly held on the 26 day of March at which a quorum of said Board of Directors was present and acting throughout, the following resolution, upon motions made, seconded and carried, was duly adopted and is now in full force and effect.

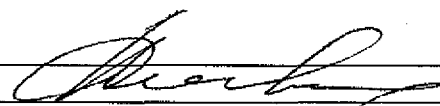
RESOLVED, That the President, Vice President, Treasurer, or Igor Dubovoy, or any one of such officers, be and are each hereby fully authorized and empowered for an on behalf of this Corporation to establish one or more accounts which may be margin accounts in order to purchase, invest in, acquire, sell (including short sales), assign, transfer, or otherwise dispose of any and all types and kinds of securities including but not limited to stocks, bonds, debentures, notes, rights, options, warrants, certificates of every kind and nature whatsoever, securities futures and commodities (collectively, "securities") and to enter into agreements, contracts and arrangements with respect to such security transactions whether or with securities related individuals or agents; to execute, sign or endorse on behalf of and in the same agreements and to affix the corporate seal on same. Notwithstanding the foregoing, you are authorized in your discretion to require action by any combination of corporate officers with respect to any matter concerning the corporate account, including but not limited to the giving or cancellation of orders and the withdrawal of money, securities, futures or commodities.

I further certify that the authority thereby conferred is not inconsistent with the Charter or Bylaws of this Corporation, and the following is a true and correct list of officers of this corporation as of the present date:

Title: Vice-President

Name <u>Igor Dubovoy</u>	Signature 
SSN, FED ID, Cedula, NIT# <u>[REDACTED]-7286</u>	ID Number <u>[REDACTED]6483</u>
ID Type <u>DL</u>	Expiration Date <u>05/31/2015</u> Issued By <u>Georgia</u> Issued Date <u>08/09/2011</u>
Date of Birth <u>[REDACTED]1986</u>	Residential Address <u>6240 Crested Moss Dr Alpharetta GA 30004</u>

Title: President

Name <u>Arkadiy Dubovoy</u>	Signature 
SSN, FED ID, Cedula, NIT# <u>[REDACTED]-6147</u>	ID Number <u>[REDACTED]0552</u>
ID Type <u>DL</u>	Expiration Date <u>04/18/2017</u> Issued By <u>Georgia</u> Issued Date <u>04/18/2012</u>
Date of Birth <u>[REDACTED]/1964</u>	Residential Address <u>3374 Cedar Farms Ct Alpharetta GA 30004</u>

Title: _____

Name _____	Signature _____
SSN, FED ID, Cedula, NIT# _____	ID Number _____
ID Type _____	Expiration Date _____ Issued By _____ Issued Date _____
Date of Birth _____	Residential Address _____

optionshouse[△]
P.O. Box 812
Chicago, IL 60690
PHONE: (877) 653-2500
FAX: (866) 492-2478

Title: _____

Name _____	Signature _____
SSN, FED ID, Cedula, NIT# _____	ID Number _____
ID Type _____	Expiration Date _____ Issued By _____ Issued Date _____
Date of Birth _____	Residential Address _____

I certify that I am the sole officer and sole director of the aforementioned corporation. _____

You may rely upon any certification given in accordance with these resolutions, as continuing fully effective unless and until you receive due written notice of a change in or the rescission of the authority so evidenced herein. In the event of any change in the officer or powers of persons hereby empowered, the Secretary shall certify such changes to you in writing, which notification, when received, shall be adequate both to terminate the powers of the persons therefore authorized, and to empower the person thereby substituted.

The Corporation is formed to engage in the business of investment and represents that it is not a commodity pool operator. The Corporation is incorporated in Georgia and has its principal place of business in Georgia.
(Name of Jurisdiction) (Name of jurisdiction)

The following 3 yes or no questions must be answered:

1. As defined in Section 5318(j) of Title 31 United States Code, the Corporation is a shell bank: YES _____ NO X;
2. or a business offering services to a shell bank: YES _____ NO X;
3. or a foreign bank: YES _____ NO X.

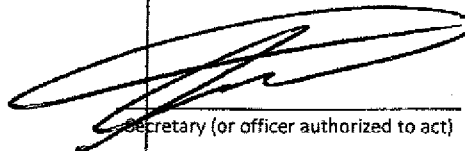
If so please complete and return the Certification Regarding Correspondent Accounts.

IN WITNESS WHEREOF, I have hereunto affixed my hand this 26 day of March, 2014

SEAL

No Seal

(If there is no seal, please write "No Seal" along with your initials)


Secretary (or officer authorized to act)

**** Other Documents Required: ****

1. SS4 letter from the IRS
2. Current Articles of Incorporation
3. If your Articles of Incorporation do not list all members of the entity, we also require a copy of your Operating Agreement or Stockholder's Agreement that lists all members.

From: "OH - New Accounts" <NewAccounts@optionshouse.com>
To: "docimaging@apexclearing.com" <docimaging@apexclearing.com>
CC: "Paul Oldani" <poldani@optionshouse.com>, "Margaret Glennon" <mglennon@optionshouse.com>, "Lia Roby" <lroby@optionshouse.com>, "John McCallum" <jmccallum@optionshouse.com>
Sent: 4/3/2014 9:50:49 AM
Subject: New Accounts - 04/03/2014 - Entities

Attachments:
"20140403092831467.pdf"

██████7315
██████0944
██████1241
██████1251

See http://www.peak6.com/email_disclaimer/ for terms and conditions related to this email

See <http://www.apexclearing.com/email-disclaimer/> for terms and conditions related to this email

3/26/2014

Open an Account | OptionsHouse

PRINT, SIGN and SEND YOUR APPLICATION

This document may print on several pages. Please make sure you read and send us all the printed pages to expedite the opening of your account.

Send or Fax to: OptionsHouse, LLC
P.O. BOX 812
Chicago, IL 60690

Fax Number: (866) 492-2478

NEWF

optionshouse.△

CORPORATE Account Application

Primary Applicant

Pending Application Number: 0944

Citizenship: U.S. Citizen

Account Type: Corporate, Margin, S CORPORATION

Personal Profile: Email Address And Security Question

Email Address: dubovoy1@gmail.com

Username: boniinc

Security Question: Birthcity

Security Answer:

Prefix:

First Name: Igor

Middle Name:

Last Name: Dubovoy

Suffix:

Social Sec. Number: 7286

Date Of Birth: 1988

Marital Status: Married

Dependents: 3

Residential Address: 6240 Crested Moss Dr

Alpharetta, Georgia, 30004

Mailing Address: 6240 Crested Moss Dr

Alpharetta, Georgia, 30004

Phone (Day): 7771

Phone (Evening): 2426

Fax:

Entity Name: Boni Inc.

Description: Investing

President: Igor Dubovoy

Phone (Primary): 7771

Phone (Secondary): 2426

Fax:

Tax ID: 0419

Tax Classification: S CORPORATION

Entity Owner Name:

Entity Owner SSN:

Established Date: May 7, 1998

Address: 6240 Crested Moss Ct
Alpharetta, Georgia, 30004

Comments (Office Use Only)



Employment Status:

Employer:

Occupation:

Employer Address:

Self Employed

MI Advising Associates

President

1009 Branch Dr

Alpharetta, Georgia, 30004

United States Of America

Employer Country:

Associated With FINRA/Exchange Firm:

No

Financial Profile

Annual Gross Income:

Net Worth:

Liquid Net Worth:

Federal Tax Bracket:

\$100,001 To \$250,000

Over \$250,000

Over \$250,000

Approx. 0% To 15%

Investing Profile

Years Of Trading Experience:

Avg. Trades Per Year:

Experienced Trading Online:

Investment Objectives:

Trading Strategies:

4 Years Of Options Trading

8 Years Of Trading Stocks

50 Options; 700 Stocks

No

income

Buy Stock And Options

Trade Cash Covered Puts, Covered Calls, Protective

Puts

Buy Spreads

Sell Spreads

Sell Naked Options

> 10% Public Company Ownership:

Agreements:

New Account Application - NEWF

Customer Account Agreement - CAGR

Customer Agreement - UMIS

Option Agreement - OPITA

Characteristics And Risks

Special Statement For Uncovered Options Writers

Short Stock Agreement - UMIS

Margin Disclosure Document - UMIS

Margin Agreement - MRGN

Corporate Account Agreement Document - UCOR/UCOM<

3/26/2014

Open an Account | OptionsHouse

Agreement to "Customer Agreement" and other Account Agreements:

I (or we) hereby request that OptionsHouse, LLC, ("OptionsHouse") open an account as indicated above, and I acknowledge that I have read and understood the "Customer Agreement" and all Account Agreements that govern this account, including agreements regarding use of data and exchange quotes, and I agree to be bound by these agreements as currently in effect and as amended from time to time and posted on the OptionsHouse website. I have legal capacity to enter into and be bound by this legal contract. I agree that the information I have provided to OptionsHouse is complete, accurate, and true. Further, I agree to immediately advise OptionsHouse of any material changes to the information I have provided, including but not limited to my financial status, investment objectives, residence, employment or legal status. I agree to receive all account notices, including all confirmation of trades, by electronic means and to access my account regularly to receive such notices. I EXPRESSLY ACKNOWLEDGE THAT OPTIONSHOUSE DOES NOT MAKE RECOMMENDATIONS REGARDING INVESTMENTS, TAXES, OR LEGAL MATTERS. BY SIGNING BELOW, THE UNDERSIGNED CERTIFIES THAT THE INFORMATION CONTAINED HEREIN IS COMPLETE AND ACCURATE. I understand that my account is governed by a pre-dispute arbitration clause contained in OptionsHouse "Customer Agreement" section #24.

Important Information About Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask you to provide us with a copy of your driver's license or other identifying documents.

Foreign Jurisdictions

Due to different tax implications and foreign securities regulations, OptionsHouse is only able to maintain accounts for customers residing outside of the United States in certain foreign jurisdictions. The list of approved foreign jurisdictions is at the sole discretion of OptionsHouse and is subject to change at any time. Customer hereby confirms the information furnished to OptionsHouse on the account application is true and accurate. Customer further agrees to contact OptionsHouse when changes to their personal information have occurred, such as email address, physical address or phone number. OptionsHouse reserves the right to request additional information of the account holder during the account sign-up process or as long as the account is held at OptionsHouse.

3/26/2014

Open an Account | OptionsHouse

Options Agreement Terms

I represent that I am aware of the inherent risks associated with options trading and that I am financially able to bear such risks and withstand options trading losses. I have read and understood the terms and conditions that govern this options account and the special risk statement for uncovered option writers, where applicable, and agree to be bound by them as currently in effect and as amended from time to time. I have also fully read and understood the disclosure document entitled Characteristics and Risks of Standardized Options issued by the Options Clearing Corporation and delivered to me by OptionsHouse, LLC either electronically or in hard copy.

Disclosure of Name/Address on Securities You Own

Under SEC Rule 14b-1(c), brokerage firms are required to disclose to an issuer the name, address, and securities position of our customers who are beneficial owners of that issuer's securities.

I object to the disclosure of such information

Margin Account Information

By signing below, the undersigned agrees to all terms of the Margin and Short Account Agreement ("Agreement"). The undersigned acknowledges that the undersigned's margin account securities may be borrowed by you or loaned to others. The undersigned also acknowledges receipt of a copy of this Agreement and a copy of the Margin Risk Disclosure Statement.

Payment Instructions

Unless otherwise instructed, you agree that securities will be held in street name, the proceeds of any securities transactions, including maturities and dividends, will be credited to your account and your available credit balances will be swept into a money market account.

Certification of Taxpayer Number (Substitute W-9):

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because:
 - a. I am exempt from backup withholding, or
 - b. I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
 - c. the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X

Customer Signature, Pending Application#4ZF60944

Date

NEWF

6/5 4/2/14

Customer Option Agreement

BROKERS USE ONLY (Must be filled in before Person can accept)

Please note Date of Delivery:

1. Characteristics and Risks of Standard Options

3/26/14

2. Special Statement for Uncovered Option Writers

3/26/14

TO BE COMPLETED BY MANAGER PRIOR TO OPTION TRADING:

Approved for option trading as follows:

Covered Call Writing

Purchasing Options

Other Option Transactions

Approved Subject to the Following Limits

AE, ROP and Manager Signature

Date

4/2/14

In connection with any transactions in options which have been or may be purchased, sold, exercised or endorsed for the undersigned's account with an introducing broker(s) which clears through Person Financial Services, Inc., the undersigned agrees as follows:

1. **Definitions.** Introducing broker means any brokerage firm which introduces security transactions on behalf of the undersigned, which transactions are cleared through you, whether one or more. Obligations means all indebtedness, debit balances, liabilities or other obligations of any kind of the undersigned to you, whether now existing or hereafter arising. Options means all types of options, including puts, calls, equity, debt, index or otherwise. Securities and other property shall include, but shall not be limited to money, securities, commodities or other property of every kind and nature and all contracts and options relating thereto, whether for present or future delivery. You or your refers to Person Financial Services, Inc.
2. **Limits.** The Undersigned shall not, acting alone or in concert with others, exceed the position/exercise limits set forth by any exchange or market or by any other regulatory authority having jurisdiction.
3. **Authority, Execution of Orders, Security Interest.** The undersigned hereby authorizes you in your discretion, should you deem it necessary for your protection for any reason, or if the undersigned dies, to buy, sell, or sell short for the undersigned's account and risk, puts, calls or other forms of option and/or to buy, sell or sell short any part or all of the underlying shares represented by options endorsed by you for the undersigned's account. Any and all expenses incurred by you in connection with such transactions shall be reimbursed by the undersigned to you. The undersigned understands and acknowledges that when transactions on the undersigned's behalf are to be executed and the options are traded in more than one marketplace you may use your discretion in selecting the market in which to enter the undersigned's order unless the undersigned specifically instructs otherwise. All monies, securities, or other property which you may hold in any account of the undersigned shall be held subject to a general lien for the discharge of the undersigned's obligations to you under this Agreement or otherwise. The decision to enter into options transactions was made entirely by the undersigned without any investment advice from Person or the introducing broker.
4. **Notice, Exercise, Random Allocation.** The undersigned is aware of your requirements and time limitations for accepting an exercise notice and expiration date. The undersigned understands that the undersigned may not receive actual notice of exercise until the week following exercise. The undersigned bears full responsibility for taking action to exercise or sell valuable options; however, in the absence of the undersigned notifying the introducing broker to exercise a valuable options contract by 3 p.m. Central Standard Time on the last business day prior to the expiration date of the options contract, and the introducing broker instructing you to sell valuable options on the undersigned's behalf within such time, the undersigned agrees that you may exercise the options contract on the undersigned's behalf. In the event of such exercise, the profit in excess of commission costs created thereby will be credited to the undersigned's account. In the event that the commissions to be charged for such an expiration transaction exceeds the proceeds to be realized, the undersigned agrees and hereby relinquishes the undersigned's ownership in said option to you, and you may exercise such option for your own account. If the undersigned does not instruct the introducing broker to exercise the valuable option by the time stated above, and you for whatever reason, do not exercise such option on the undersigned's behalf, the undersigned hereby waives any and all claims for damage or loss which the undersigned might at the time or any time thereafter have against you arising out of the fact that the option was not exercised. The undersigned is aware that you utilize a random method of allocation for all option(s) assignments received from the Option Clearing Corporation. Exercise assignment notices for options contracts are allocated among all customers' short positions within that series. This is accomplished by a manual procedure, which randomly selects from among all customer short positions, including positions established on the day of assignment, those contracts which are subject to exercise. All American short positions are liable for assignment at any time. The undersigned understands that a more detailed description of this procedure is available upon request by the undersigned.
5. **Uncovered Options.** The undersigned agrees that in connection with any uncovered option(s) for the undersigned's account, the undersigned will not sell, during the life of such options, the underlying securities collateralizing such options, including any cash or securities which may accrue on the underlying covered securities until such options are closed, exercised or expired or the undersigned has met the collateral requirements established by you and/or the introducing broker for carrying uncovered options. The undersigned also agrees that the introducing broker and/or you, in your respective sole discretion, may refuse any order to sell such underlying securities received from the undersigned or by means of a "give up" basis through another firm unless, prior to such sale, the undersigned has met the collateral requirements established by you and/or the introducing broker for carrying uncovered options. You have the right, in your sole discretion, to permit the undersigned to apply the proceeds of such sale to such collateral requirements.
6. **Risks.** The undersigned is aware of the high degree of risk involved in options transactions and has given the introducing broker, in strict confidence, information to demonstrate that this account and the trading anticipated in connection therewith is not unsuitable for the undersigned in light of the undersigned's investment objectives, financial situation and needs, experience and knowledge. The undersigned agrees to advise the introducing broker of any changes in the undersigned's investment objectives, financial situation or other circumstances that may be deemed to materially affect the suitability of executing options transactions for the undersigned's account.
7. **Options Account Form, Disclosure Documents.** The undersigned has reviewed the contents of the options account form and represents that they are accurate. Although certain types of transactions are indicated as anticipated you and the introducing broker may execute any other types of transactions for the undersigned's account upon the

From: "OH - New Accounts" <NewAccounts@optionshouse.com>
To: "docimaging@apexclearing.com" <docimaging@apexclearing.com>
CC: "Paul Oldani" <poldani@optionshouse.com>, "Margaret Glennon" <mglennon@optionshouse.com>, "Lia Roby" <lroby@optionshouse.com>, "John McCallum" <jmccallum@optionshouse.com>
Sent: 4/3/2014 9:50:49 AM
Subject: New Accounts - 04/03/2014 - Entities

Attachments:
"20140403092831467.pdf"

██████ 7315
██████ 0944
██████ 1241
██████ 1251

See http://www.peak6.com/email_disclaimer/ for terms and conditions related to this email

See <http://www.apexclearing.com/email-disclaimer/> for terms and conditions related to this email

Form W-9
(Rev. August 2013)
Department of the Treasury
Internal Revenue Service

**Request for Taxpayer
Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

Name (as shown on your income tax return)
Boni Inc

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☐ C Corporation ☒ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
☐ Other (see instructions) ▶ _____

Exemptions (see instructions):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____

Address (number, street, and apt. or suite no.)
6240 Crested Moss Dr

City, state, and ZIP code
Alpharetta GA 30004

Requester's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

			-			-			
--	--	--	---	--	--	---	--	--	--

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number

--	--	--	--	--	--	--	--	--	--

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here

Signature of U.S. person

Date ▶ **March 26 2014**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on www.irs.gov/w9 for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

EXHIBIT 29

Form



LLC, Investment Club or Partnership Account Application

PO Box 2760 • Omaha, NE 68103-2760
Fax: 816-243-3769

Questions? Call a New Accounts representative at 800-276-8746.

1. TYPE OF ACCOUNT (Please select only one. Additional paperwork may be required.)

- ☒ **Limited Liability Company** – By checking this box, the undersigned managing members of the below-named Limited Liability Company (LLC) duly organized under the laws of the state/province listed below hereby authorize TD Ameritrade Clearing, Inc. ("Clearing Firm") to open an account. The undersigned hereby authorize the parties listed in Section 5 ("Authorized Agents"), or any one of them, as the LLC's agents and attorneys-in-fact. If this is a single-member LLC, you must include a copy of the LLC Operating Agreement.
- ☐ **Investment Club** – By checking this box, the undersigned members of the Investment Club listed in Section 3 of this application hereby authorize TD Ameritrade Clearing, Inc. ("Clearing Firm") to open an account. The undersigned members hereby authorize the parties listed in Section 5 (the "Authorized Agents"), or any one of them, as their agents and attorneys-in-fact.
- ☐ **Partnership** – By checking this box, the undersigned general partners of a duly organized Partnership under the laws of the state/province and the name listed in Section 3 of this application hereby authorize TD Ameritrade Clearing, Inc. ("Clearing Firm") to open an account. The undersigned hereby authorize the parties listed in Section 5 of this application ("Authorized Agents"), or any one of them, as the Partnership's agents and attorneys-in-fact.
- ☐ **Limited Partnership** – By checking this box, the undersigned general partners of a duly organized Partnership under the laws of the state/province and the name listed in Section 3 of this application hereby authorize TD Ameritrade Clearing, Inc. ("Clearing Firm") to open an account. The undersigned hereby authorize the parties listed in Section 5 of this application ("Authorized Agents"), or any one of them, as the Partnership's agents and attorneys-in-fact.

2. FUNDING YOUR ACCOUNT

Please consult the TD Ameritrade Account Handbook for funding guidelines.

I will be funding with:

- ☐ A check. Please make check payable to TD Ameritrade.
- ☒ A wire transfer to be initiated after account opening. Please contact TD Ameritrade prior to initiating a wire transfer.
- ☐ A transfer of assets from an existing account. Please complete and include an Account Transfer Form and a copy of your most recent statement.
- ☐ A transfer from an existing TD Ameritrade account. Please complete and include an Internal Transfer Form.
- ☐ Stock certificates. Please contact TD Ameritrade prior to submitting certificates.

3. ENTITY INFORMATION

Title of Entity:

M. S. I. Advising Associates.

Tax ID Number:
(U.S. Social Security Number, if applicable)

[REDACTED] 2142

Contact Name:

Igar Dubouy

Business Address:
(no PO box or mail drop)

13366 Freemanville Rd

City:

Alpharetta

State:

GA

ZIP Code:

30004

Mailing Address:
(if different from above)

City:

State:

ZIP Code:

Primary Phone:

Secondary Phone:

Fax Number:

Email Address (required for electronic delivery of
your account statement and trade confirmations):

☒ U.S. Entity ☐ Foreign Entity-Country of Formation:
(complete appropriate Form W-8)

State/Province of Formation/Organization:

Georgia

Nature of Business:

Consulting

If this entity is a publicly traded company, please specify the stock symbol:



4. AFFILIATIONS

- ☐ Check here if any Partner/Authorized Agent, any member of their immediate family, or any business associate of theirs is a senior political figure (SPF). Specify the name of the Authorized Agent, the name of the SPF, political title, relationship to the Authorized Agent and country of office.
- ☐ Check here if any Partner/Authorized Agent is a director, 10% shareholder or policy-making officer of a publicly traded company. Specify the name of the Authorized Agent, the company ticker symbol, name, address, city and state/province.
- ☐ Check here if any Partner/Authorized Agent is licensed or employed by a registered broker/dealer, securities exchange or member of a securities exchange. We must receive a compliance letter along with this application. Specify the name of the Authorized Agent.

5. PARTNER/AUTHORIZED AGENT ONLY

Full Legal Name:

Tyler DubouoyDate of Birth:
(MM-DD-YYYY) -1986 U.S. Social Security Number:
(SSN)* 7286

Home Address:

(no PO box or mail drop)

13366 Freemanville Rd

City:

Alpharetta

State:

GA

ZIP Code:

30004

Please specify if you are:

☐ Unemployed☐ Retired☐ Homemaker☐ Student☒ Self-Employed

Source of income (if retired or unemployed):

Employer Name:

Dawson + Dawson Associates

Occupation/Type of Business:

Owner

Employer Street Address:

1007 Branch Dr

City:

Alpharetta

State:

GA

ZIP Code:

30004**PARTNER/AUTHORIZED AGENT ONLY**

Full Legal Name:

Date of Birth:
(MM-DD-YYYY) - - U.S. Social Security Number:
(SSN)* - -

Home Address:

(no PO box or mail drop)

City:

State:

ZIP Code:

Please specify if you are:

☐ Unemployed☐ Retired☐ Homemaker☐ Student☐ Self-Employed

Source of income (if retired or unemployed):

Employer Name:

Occupation/Type of Business:

Employer Street Address:

City:

State:

ZIP Code:

PARTNER/AUTHORIZED AGENT ONLY

Full Legal Name:

Date of Birth:
(MM-DD-YYYY) - - U.S. Social Security Number:
(SSN)* - -

Home Address:

(no PO box or mail drop)

City:

State:

ZIP Code:

Please specify if you are:

☐ Unemployed☐ Retired☐ Homemaker☐ Student☐ Self-Employed

Source of income (if retired or unemployed):

Employer Name:

Occupation/Type of Business:

Employer Street Address:

City:

State:

ZIP Code:

Please make additional copies if necessary.

*If none, please submit a photocopy of your passport.

6. TRADE CONFIRMATIONS AND ACCOUNT STATEMENTS

You will receive monthly account statements and trade confirmations electronically, unless you make a selection below. If a valid email address is not provided, you will receive a quarterly paper statement or a monthly paper statement. Certain types of accounts or activity (such as options trading) require a monthly statement, either electronically or via U.S. mail. You will be responsible for any fees that apply. Accounts with a total liquidation value of \$100,000 or an average of five trades per month over a three-month period are eligible to receive free paper statement and confirmation delivery.

Please note: If you elected to receive either electronic statements or electronic confirmations, you will receive shareholder information electronically when available.

Account Statements ☒ Electronic Monthly ☐ Paper Monthly (\$2 fee may apply each month) ☐ Paper Quarterly (\$2 fee may apply each quarter)

Trade Confirmations: ☒ Electronic ☐ Paper (\$2 fee for each confirmation may apply)

☐ Unless I have checked this box, TD Ameritrade will provide my name to corporations whose securities I hold in my account for the purpose of additional corporate communications.

7. INVESTMENTS PERMITTED

The undersigned certify that the entity may open a brokerage account and enter into purchases and sales of securities in a cash account as well as other types of transactions indicated below:

☒ **Margin** **Options:** ☒ Write covered calls, write cash-secured puts ☒ Create spreads
☒ Purchase options ☒ Write uncovered options

8. FINANCIAL INFORMATION

Please provide all of the following financial information. Financial Information is based on the entity. **All qualified accounts are opened as margin accounts.** A margin account allows you to borrow from TD Ameritrade against certain securities as your collateral. A decline in the value of your securities may require you to provide additional funds, or force the sale of securities in your account. Selling short can expose you to potentially unlimited risk. To learn more about the potential benefits of margin borrowing and the associated risks involved, read the Margin Account Handbook.

☐ Check this box to decline margin privileges. Open the account as cash only.

Annual Income:	<input type="checkbox"/> \$0-\$24,999	<input type="checkbox"/> \$25,000-\$49,999	<input type="checkbox"/> \$50,000-\$99,999	<input type="checkbox"/> \$100,000-\$249,999	<input checked="" type="checkbox"/> \$250,000+
Approximate Net Worth: (not including residence)	<input type="checkbox"/> \$0-\$14,999	<input type="checkbox"/> \$15,000-\$49,999	<input type="checkbox"/> \$50,000-\$99,999	<input type="checkbox"/> \$100,000-\$249,999	<input checked="" type="checkbox"/> \$250,000-\$499,999
Approximate Liquid Net Worth: (cash, stocks, etc.)	<input type="checkbox"/> \$0-\$14,999	<input type="checkbox"/> \$15,000-\$49,999	<input type="checkbox"/> \$50,000-\$99,999	<input type="checkbox"/> \$100,000-\$249,999	<input checked="" type="checkbox"/> \$250,000-\$499,999

9. OPTIONS ACCOUNT

By completing Section 9, we are requesting an options account to be opened. Due to the risks involved in options, we understand you are required to obtain the following information. The Financial Information section must be completed to be considered for options.

ENTITY INFORMATION

Number of Dependents:

Funds Available for Options Trading: ☐ \$0-\$1,999 ☐ \$2,000-\$4,999 ☐ \$5,000-\$19,999 ☐ \$20,000-\$49,999 ☒ \$50,000+

Years of Investment Experience: ☐ Less than 1 ☐ 1-2 ☐ 3-5 ☐ 6-9 ☒ 10+

Investment Knowledge: ☐ Limited ☐ Good ☒ Extensive ☐ Professional trader

Average Transaction Size: ☐ Under \$1,000 ☐ \$1,001-\$2,000 ☐ \$2,001-\$5,000 ☒ Over \$5,000

Number of Transactions Per Year: ☐ Fewer than 10 ☐ 10-19 ☐ 20-49 ☒ 50+

Types of Transactions: ☒ Stocks ☒ Bonds ☒ Options
(Check all that apply)

What Are Your Options Investment Objectives? ☒ Growth ☒ Speculation ☒ Income ☐ Conservation of Capital
(Check all that apply)

What Type of Activity Do You Plan to Conduct in Your Options Account?

<input type="checkbox"/> Tier 1 - Covered Write covered calls Write cash-secured puts	<input type="checkbox"/> Tier 2 - Standard Cash Purchase options Write covered calls Write cash-secured puts	<input type="checkbox"/> Tier 2 - Standard Margin Create spreads Purchase options Write covered puts Write covered calls Write cash-secured puts Requires Margin Account	<input checked="" type="checkbox"/> Tier 3 - Advanced Write uncovered options Create spreads Purchase options Write covered puts Write covered calls Write covered calls Requires Margin Account
--	--	---	--

10. CASH SWEEP VEHICLE CHOICES (Please select only one.)

We offer you choices in managing all aspects of your portfolio. This includes offering different programs to earn interest on the cash in your account through our Cash Balance programs. See the Client Agreement for a complete description of the Cash Sweep program. **If you do not make a selection, your cash balances will be swept to the TD Ameritrade FDIC Insured Deposit Account. Other sweep choices are available for clients with household values greater than \$500,000 and cash balances of more than \$100,000.**

☒ TD Ameritrade FDIC Insured Deposit Account (IDA)
☐ TD Ameritrade Cash (Protected by the Securities Investor Protection Corporation (SIPC))

11. MEMBER/PARTNER SIGNATURES (If Authorized Agent is a Member/Partner, they must also sign this section.)

Members/Partners must be of the age of majority to sign as a Member/Partner. The undersigned are all Members/Partners of the aforesaid Investment Club/Partnership/LLC.

Full Legal Name: Igor Dubovoy

X Signature: [Signature]

Full Legal Name: _____

X Signature: _____

Full Legal Name: _____

X Signature: _____

Full Legal Name: _____

X Signature: _____

Full Legal Name: _____

X Signature: _____

Full Legal Name: _____

X Signature: _____

Full Legal Name: _____

X Signature: _____

Full Legal Name: _____

X Signature: _____

Full Legal Name: _____

X Signature: _____

Full Legal Name: _____

X Signature: _____

Full Legal Name: _____

X Signature: _____

Full Legal Name: _____

X Signature: _____

Full Legal Name: _____

X Signature: _____

Full Legal Name: _____

X Signature: _____

Full Legal Name: _____

X Signature: _____

Full Legal Name: _____

X Signature: _____

12. TRADING AUTHORIZATION

If this is an Investment Club, Partnership or Limited Partnership, then Clearing Firm is authorized to follow the instructions of Authorized Agents, or any one of them, in every respect concerning the undersigned's account with Clearing Firm, and make deliveries of securities and payment of monies to them or as they may order and direct. In all matters and things aforementioned, as well as in all other things necessary or incidental to the administration to the account of the undersigned, Authorized Agents, or any one of them, are authorized to act for or on behalf of the undersigned in the same manner and with the same force and effect as the undersigned might or could do, and are authorized to receive on the behalf of the undersigned's account demands, notices, confirmations, reports, statements of account and communications of every kind, to make agreements on behalf of the undersigned's account, to terminate or modify same and waive any provisions thereof, to appoint or remove other Authorized Agents to act for and on behalf of the undersigned and generally deal on behalf of the undersigned's account as fully and completely as if Authorized Agents were interested in said account, all without notice to the others interested in said account. The undersigned hereby ratify and confirm any and all transactions with Clearing Firm heretofore or hereafter made by Authorized Agents, or any one of them, for the undersigned's account. This authorization and indemnity is in addition to (and in no way limits or restricts) any rights which Clearing Firm may have under any other agreement between the undersigned and Clearing Firm. This authorization and indemnity is binding on the undersigned and their estates, and is also a continuing one and shall remain in full force and effect until revoked by the undersigned by a written notice addressed to Clearing Firm and delivered to 1005 North Ameritrade Place, Bellevue, NE 68005, and shall continue after the death or insanity of any of the undersigned until receipt by Clearing Firm of written notice thereof; but such written revocation shall not affect any liability in any way resulting from transactions initiated prior to the receipt of such written revocation by Clearing Firm. This authorization and indemnity shall inure to the benefit of Clearing Firm and of any successor firm, irrespective of any change at any time in the personnel thereof, for any cause whatsoever, and of the assigns of Clearing Firm or any successor firm. We acknowledge receiving account documentation, agreements and risk disclosure forms including the account "Client Agreement." The undersigned agree that this authorization is consistent with the terms and conditions set forth in any operating agreement, bylaws, articles of incorporation, or other governing instrument of the Investment Club, Partnership or Limited Partnership and any and all rules and regulations, whether express or implied of the Investment Club, Partnership or Limited Partnership. We, the undersigned, jointly and severally indemnify TD Ameritrade, Inc., its divisions and affiliates thereof ("TD Ameritrade") and hold TD Ameritrade harmless from any liability for effecting any transactions if TD Ameritrade acts pursuant to instructions given by the Authorized Agents. We agree to inform TD Ameritrade, immediately in writing, of any amendment to the Investment Club, Partnership or Limited Partnership Operating Agreement, any change in composition of the Authorized Agents or members or any other event which would materially alter the certifications made above.

If this is an LLC, then Clearing Firm is authorized to follow the instructions of Authorized Managers, or any one of them, in every respect concerning the LLC's account with Clearing Firm, and make deliveries of securities and payment of monies to them or as they may order or direct. In all matters and things aforementioned, as well as in all other things necessary or incidental to the administration of the LLC's account, Authorized Managers, or any one of them, are authorized to act for and on behalf of the LLC in the same force and effect as the undersigned might or could do, and are authorized to receive on behalf of the LLC's account demands, notices, confirmations, reports, statements of account and communications of every kind, to make agreements on behalf of the LLC's account, to terminate or modify same or waive any provisions thereof, and generally to deal on behalf of the LLC's account as fully and completely as if Authorized Managers were interested in said account, all without notice to the other partners of the LLC. The undersigned hereby ratify and confirm any and all transactions with Clearing Firm heretofore or hereafter made by Authorized Managers, or any one of them, for the LLC's account. This authorization is in addition to (and in no way limits or restricts) any rights Clearing Firm may have under any other agreement between the undersigned and Clearing Firm. This authorization is binding on the undersigned and the LLC and for their respective successors and assigns, and is also a continuing one and shall remain in full force and effect until revoked by the undersigned, or their respective successors, and assigned by a written notice addressed to Clearing Firm and delivered to 1005 North Ameritrade Place, Bellevue, NE 68005. In the event any of the undersigned cease to be members of the LLC, Clearing Firm is authorized (a) to continue to treat such person as a member for all purposes, and as bound by this authorization until such time as one of the undersigned, or such person's representative, delivers a written notice to Clearing Firm, at the address set forth above, to the effect that such person has ceased to be a member and will no longer be bound by this authorization, and (b) to take such proceedings, require such papers, retain such portion of or restrict transactions in the LLC's account as Clearing Firm may deem advisable to protect it against any liability, penalty or loss under any present or future law or otherwise. It is further agreed that, in the event any of the undersigned cease to be a member of the LLC, the remaining member(s) will immediately cause you to be notified of such fact. No notice of revocation, or of any of the undersigned ceasing to be a member of the LLC, shall affect any authority hereby granted or any liability in any way resulting from transactions initiated prior to the receipt of the written notice thereof by Clearing Firm. This authorization shall inure to the benefit of Clearing Firm, and of any successor firm, irrespective of any change at any time in the personnel thereof, for any cause whatsoever, and of the assigns of Clearing Firm or any successor firm. We acknowledge receiving account documentation, agreements and risk disclosure forms including the account Client Agreement. The undersigned agree that this authorization is consistent with the terms and conditions set forth in any LLC Agreement or other governing instrument of the LLC, and any and all rules and regulations, whether express or implied of the LLC. We, the undersigned, jointly and severally indemnify TD Ameritrade, Inc., its divisions and affiliates thereof ("TD Ameritrade") and hold TD Ameritrade harmless from any liability for effecting any transactions if TD Ameritrade acts pursuant to instructions given by the Authorized Agents. We agree to inform TD Ameritrade, immediately in writing, of any amendment to the LLC Operating Agreement, any change in composition of the Authorized Agents or members, or any other event which would materially alter the certifications made above.

13. ACCOUNT AGREEMENT

In this agreement, "Account Owner," "I" and "my" refer to the entity for which this account is established and/or the natural person(s) authorized to represent and act on behalf of the entity. Under penalties of perjury, I certify (1) that the Social Security Number shown on this form is my correct taxpayer identification number, (2) that I am not subject to backup withholding, and (3) that I am a U.S. person (including a resident alien); provided, however, if I am a nonresident alien as disclosed in this application, I do not certify that I am a U.S. person and I understand that I must submit a Form W-8BEN. If I have been notified by the IRS that I am subject to backup withholding as a result of dividend or interest underreporting, I must cross out (2) in this certification. I acknowledge that I have received and read the "Client Agreement," available at www.tdameritrade.com or by calling 800-276-8746, that will govern my account. I agree to be bound by the Client Agreement which may be amended from time to time and which is incorporated by this reference. I release and agree to indemnify and hold harmless TD Ameritrade, Inc., its divisions and affiliates thereof ("TD Ameritrade") from any and all liability and claims for damages resulting from any action taken pursuant to this Agreement. By my signature below, I attest that I am of legal age to contract and that the information contained in this application is true and correct. I hereby request, subject to acceptance by TD Ameritrade, an account be opened in the name(s) set forth above. **The Client Agreement applicable to this brokerage account agreement contains predispute arbitration clauses. By signing this agreement, the parties agree to be bound by the terms of the agreement including the arbitration agreement located in Section 12 of the Client Agreement.** All securities, dividends and proceeds will be held at TD Ameritrade Clearing, Inc. unless otherwise instructed. I understand that TD Ameritrade may obtain a current consumer or credit report to determine my eligibility, or continuing eligibility, for credit or for other legitimate business purposes. Any decision by TD Ameritrade to extend credit may be based on information contained in a consumer or credit report, as well as the policies of TD Ameritrade Clearing, Inc. I understand that TD Ameritrade may relate information regarding this account, including account delinquency and voluntary closures, to consumer or credit reporting agencies. Upon my request, TD Ameritrade shall inform me of each consumer or credit reporting agency from which they have obtained and/or reported my consumer or credit report. TD Ameritrade agrees to notify the consumer or credit reporting agencies if I dispute the completeness or accuracy of the information furnished by TD Ameritrade. By my signature below, I authorize TD Ameritrade to obtain consumer or credit reports for the name(s) set forth below. I understand that non-deposit investments purchased through TD Ameritrade are not insured by the Federal Deposit Insurance Corporation (FDIC), are not obligations of or guaranteed by any financial institution and are subject to investment risk and loss that may exceed the principal invested. **Important information about procedures for opening a new account: To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also utilize a third-party information provider for verification purposes and/or ask for a copy of your driver's license or other identifying documents. The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding. All Authorized Agents and Officers must provide their signatures below.**

If an options account has been requested, we (Authorized Agents) agree to abide by the rules of the listed options exchanges and the Options Clearing Corporation, and will not violate current position and exercise limits. We are aware of the risks involved in options trading and represent the fact that the Entity is financially able to bear such risks and withstand options-trading losses.

<input checked="" type="checkbox"/> Authorized Agent's Signature: _____	Date: <u>03-23-2011</u>
<input checked="" type="checkbox"/> Authorized Agent's Signature: _____	Date: _____
<input checked="" type="checkbox"/> Authorized Agent's Signature: _____	Date: _____

Investment Products: Not FDIC Insured * No Bank Guarantee * May Lose Value

TD Ameritrade, Division of TD Ameritrade, Inc., member FINRA/SIPC/NFA and TD Ameritrade Clearing, Inc., member FINRA/SIPC. TD Ameritrade is a trademark jointly owned by TD Ameritrade IP Company, Inc. and The Toronto-Dominion Bank. © 2011 TD Ameritrade IP Company, Inc. All rights reserved. Used with permission.